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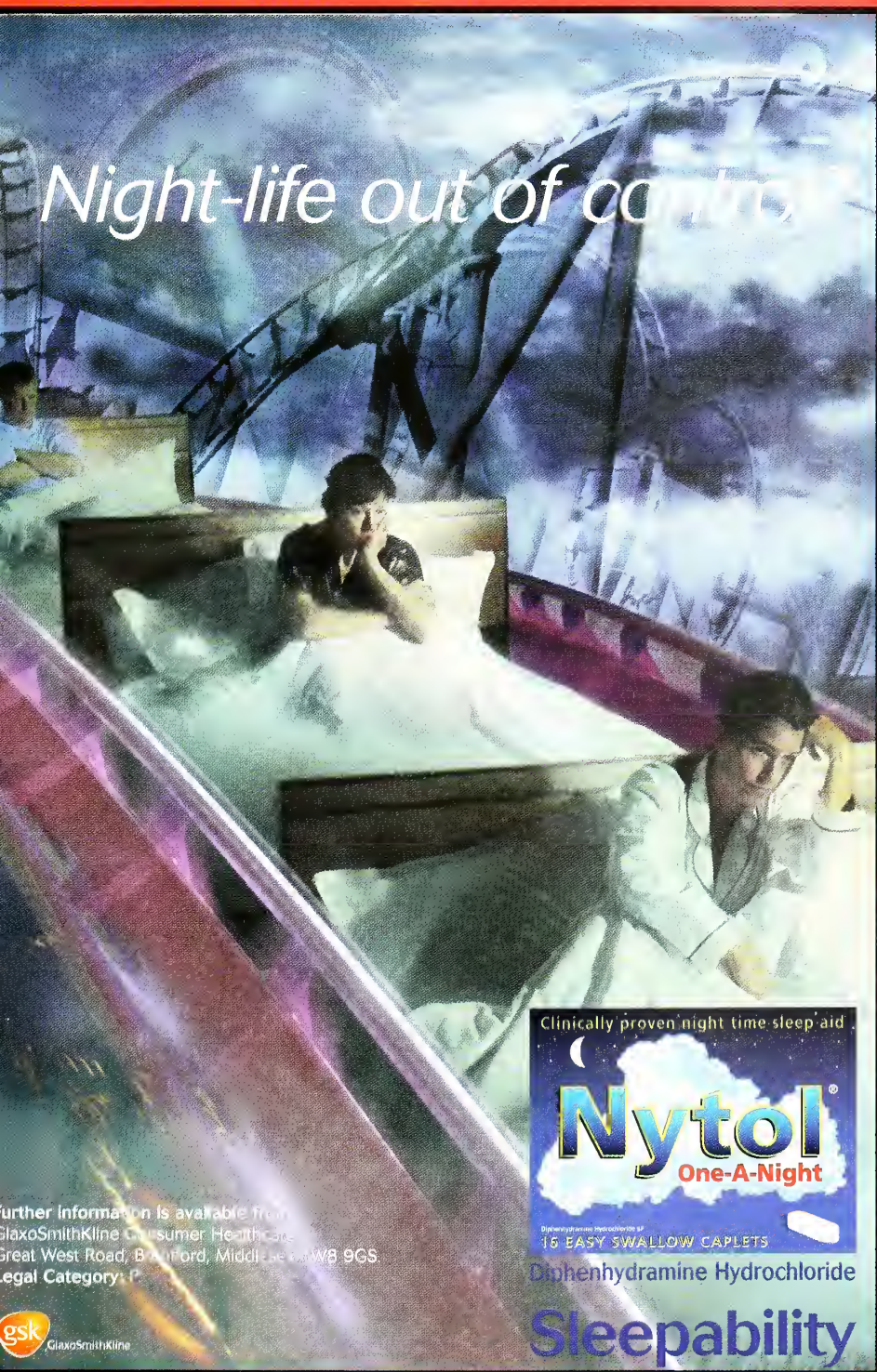
Chemist&Druggist

The Newsweekly for Pharmacy



24 May 2003

*Night-life out of control*



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Legal Category: P



**AGM says yes  
to vote on  
charity status**

**PSNC fears DoH  
lack of resolve  
over OFT fight**

**DHL delivers  
new boss for  
UniChem**

**The diagnosis  
and treatment  
of head lice**







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Reference: 1. IMS June 2002. 2. IMS March 2003.

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Further information is available from Aventis Pharma Ltd. 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH, United Kingdom.



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Chemist & Druggist incorporating Retail  
Chemist, Pharmacy Update and Beauty  
Counter

Published Saturdays by  
CMP Information Ltd,  
Sovereign Way,  
Tonbridge, Kent TN9 1RW

C&D on the internet at  
<http://www.dotpharmacy.com/>  
Subscriptions: (Home) £155 per annum;  
(Overseas & Eire) \$369 per annum including  
postage, £2.00 per copy (postage extra)  
Additional Price List: £100 per annum

**Circulation and subscription:**  
CMP Information Ltd, Tower House,  
Sovereign Park, Lathkill St, Market  
Harborough, Leics LE16 9EF  
Telephone: 01858 438809  
Fax: 01858 434958

Refunds on cancelled subscriptions will only be  
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This

### Charitable status row could force vote 4

At last week's Society AGM, members voted overwhelmingly for a motion sending a clear message to the RPSGB Council that they want a referendum on its proposal to seek charitable status

### Government urged to take devolved route 5

PSNC is asking why England's health department cannot act independently of the Department of Trade & Industry in its response to the OFT report into pharmacy control of entry, as has happened in the rest of the UK



### Lammy besieged by lobbyists 6

David Lammy, health minister, left, last week told MPs at a Select Committee meeting that going through the Lobby recently has been "like running the gauntlet" thanks to pressure generated by the OFT issue

### GSK Garnier deal rejected by shareholders 10

GlaxoSmithKline is re-examining its proposed multi-million pound remuneration packages for executives after 62 per cent of shareholders, including proactive abstentions, voted against them at its AGM this week

### Branch representatives' meeting 14

Changes to the way Lambeth funds local branches led to a furious debate at the annual branch representatives' meeting at the Royal Pharmaceutical Society last week

## Regulars

Question Time 6

Coming Events 12

Opinion 16

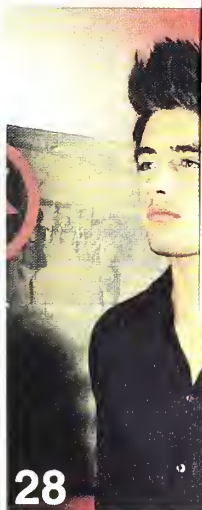
Xrayser 17

Medical Matters 23

Marketwatch 24

## HALF TIME HEALING

**A lousy prob**  
Pharmacist John Gr  
to treat head lice



Picture: Brylcreem

28

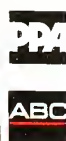
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United Business Media





RPSGB

# Charitable status row could force vote

Members have sent a clear message to the RPSGB's Council that they want a referendum on its proposal to seek charitable status.

At last week's Society AGM, pharmacists voted overwhelmingly for a motion proposed by Mark Walker calling on the Council to "gain the approval of members through a referendum" before the issue of charitable status is taken further.

"Turning the Society into a charity is an historic decision, which must be handed to members," said Mr Walker.

"Gaining the approval of members will protect Council if the Society changes into a charity and the Government [then] alters the rules to our disadvantage. Using a referendum is the most democratic way to gain the members' approval," he added.

However, RPSGB president Marshall Davies said that although members' views at the AGM would be "noted" and "considered in detail", the motion would not be binding on Council. Mr Davies made it clear that the



RPSGB president Marshall Davies with secretary and registrar Ann Lewis

Council alone is charged with directing and managing the Society's affairs.

Mr Davies also stressed that although Council had begun to consider the risks and benefits of charitable status, no formal decision had been made as to whether or not charitable status should be pursued.

However, this statement is at odds with an RPSGB statement issued last December, which confirmed that the Council had decided to seek charitable status.

It said: "At its December meeting, the Council decided that it wishes to secure the benefits of registration of the Society with the Charity Commission... by December 2003 or soon afterwards."

Mr Davies said in that statement: "The Council discussed this proposal at length and saw only benefit in it. The Council therefore agreed to begin to explore how the Society might gain registration with the Charity Commission as soon as possible."

Ian Caldwell, a past RPSGB president, raised further concerns at the AGM regarding charitable status. He warned that the Society's assets would "fall into the hands of the Charity Commissioners" and questioned if these would be returned if the Society wished to cease being a charity.

In addition, he cast doubt on the wisdom of seeking charitable status as the Government was in the process of revamping the Charities Act, and that the contents of the final bill were unknown. But, according to the RPSGB: "Potential changes in charity law have no real bearing on the ease to register as a charity."

Bruce Rhodes, a past RPSGB assistant secretary and registrar, said that although the current secretary and registrar Ann Lewis had stated that charitable status would confer considerable benefits and advantages, these were not being explained to members. "We are not told of the reasons [behind decisions]," said Mr Bruce. "We are told of decisions."

RPSGB

## Surprise Council results

Three existing Council members including the treasurer have been voted off in surprise election results for the RPSGB's Council.

Kirit Patel, who last week was able as treasurer to report that the Society was £2.2 million better off at the end of the year, was voted off, as was long serving member and former president Peter Curphey. Hassan Argomankhah was also removed.

Topping the poll was Nicholas Wood, who has served previously on Council and been president before stepping down in the 1990s. His opposition to the current modernisation procedures prompted him to stand as one of the Save Our Society candidates. Just seven votes behind was Noel Wicks, the Young Pharmacists' Group

president, another SOS candidate.

Another new face is Martin Astbury, a locum pharmacist who stood as the Joe Bloggs candidate. Joining him on Council for the first time is a more familiar face, Douglas Simpson, a former editor of the *Pharmaceutical Journal*, who also stood under the SOS umbrella.

Alison Ewing was the best performing existing Council member, placed third, and is joined by Linda Stone and Nicola Gray. There was a recount for Dr Gray who came in seventh, beating SOS candidate Maurice Hickey by 11 votes.

Ballot paper returns were slightly up on previous years, with 10,222 papers returned out of 45,538 papers distributed. Of

these, 19 were declared invalid so that 10,203 papers were used.

This was the first year that the elections had been conducted on a first-past-the-post basis after the single transferable vote system was abandoned, so pollsters were allowed to vote for up to seven candidates. In total 53,569 votes were cast, or 5.25 votes per form.

The new Council will meet on June 3 and will vote for the new officers of the Society. It is understood that Marshall Davies will not be seeking re-election as president, and that Gill Haworth, currently vice-president, is considered a likely successor.

Being touted as candidates for vice-president are Alison Ewing and Andrew Burr.

## How the votes were cast:

(● = elected to Council):

- Nicholas Wood – 3,912
- Noel Wicks – 3,905
- Alison Ewing – 3,733
- Martin Astbury – 3,489
- Douglas Simpson – 3,464
- Linda Stone – 3,399
- Nichola Gray – 3,363
- Maurice Hickey – 3,352
- John Jolley – 3,322
- Peter Schofield – 3,095
- Peter Curphey – 2,841
- Kirit Patel – 2,631
- Robert Gartside – 2,561
- Imran Khan – 2,485
- Gordon Geddes – 2,266
- Hassan Argomankhah – 2,231
- William Dawson – 2,046
- Shaqil Chaudury – 1,474





Eight NHS projects around London have been recognised in the second annual London Modernisation Awards. Presented by health minister John Hutton, the awards aim to reward the capital's NHS staff for innovation and improved services. Among the winners was the Enfield PCT team which formed a partnership with the local council, the voluntary sector and the local pharmaceutical committee to co-ordinate the care of older people. As part of the project, veteran slapstick comedian Norman Wisdom (pictured), along with Maureen Lipman, fronted a four-week campaign to reduce the risk of falls for the over 70s. Further information on the awards and winners can be found at [www.london.nhs.uk](http://www.london.nhs.uk)

## 'Follow devolved countries in rejecting OFT report'

PSNC is asking why England's health department cannot act independently of the Department of Trade & Industry in its response to the OFT report into pharmacy control of entry.

Following DTI minister Melanie Johnson's statement earlier this month that pharmacy control of entry regulations are devolved in Scotland, Wales and Northern Ireland, PSNC's chief executive Sue Sharpe has asked: "If the health

regulators in the other three countries can seek their decision independently of the DTI, why can't the DoH do so independently for England?"

She said that if different competition issues exist in the other three countries, then PSNC would expect a clear explanation.

"Our fear is that the DoH in England has not got the resolve to stand up to pressure from the DTI," said Mrs Sharpe.

"If it doesn't get the balance right, it is very clear that we have an immense amount of cross-party support, and the DoH will have a fight on its hands and this issue will not go away."

PSNC, jointly with the NIS Confederation, has submitted to the Government a proposal on providing the entry controls, which it says "achieve a balance between the need to develop competition and the need to plan healthcare provision".

## Charter consultation 'inadequate' says PSNC

The PSNC has called the consultation arrangements for the Royal Pharmaceutical Society's Charter "inadequate".

It says that it "still has fundamental concerns about the process" and believes that a decision on whether or not to seek a new Charter should be "one that is made by members themselves".

The committee has expressed concern that the Society document *What a new Charter may look like*, currently put forward for consultation, is the only consultation that will be made and that there will be no further opportunities.

PSNC chief executive Sue Sharpe said: "The future role of the Society and its ability to represent the interests of pharmacists is vitally important for all members of the profession. Community pharmacists potentially have an exciting future role to perform, but they must have the fullest support of all the professional organisations."

She added: "I very much hope that as many community pharmacists and pharmacy contractors will make their views known to the Society by responding to the consultation and attending the SGM."

## RPSGB too reliant on publishing

The Royal Pharmaceutical Society is over reliant on its publishing income, according to its director of finance and resources, Hugh Mitchell.

At last week's AGM, he cited the Society's "high reliance on publications for income".

Professional income versus expenditure showed a deficit of £2.9 million for 2001 and £1.7m for 2002, and this was cross-funded by publication income.

Mr Mitchell said the strategy of relying on publication income, which could disappear if not overnight but quickly, was risky and needed to be addressed.

## GPs' contract delay: no impact for pharmacy

Delays by GPs in accepting their new contract will not have an impact on negotiations for the new pharmacy contract, according to PSNC chief executive Sue Sharpe.

She added that negotiations for the pharmacy contract were ongoing and that PSNC expected to put forward proposals to

contractors in the summer on a general shape for the contract and the services it will contain.

"Contractors will be asked to vote on the proposals at this early stage in order that PSNC can be satisfied that contractors are supportive of the outline arrangements before any further detailed work is carried out," said

PSNC. A further referendum is planned for the autumn to allow contractors to vote on the financial provisions to support the package.

Despite the deadline of April 2004 for delivering the contract, Mrs Sharpe warned: "We will not in any way sacrifice thoroughness for speed."



# Lammy besieged by OFT lobbyists

David Lammy last week told MPs that going through the lobby recently has been "like running the gauntlet" thanks to pressure generated by the OFT issue.

The under-secretary for health was responding to pharmacist and MP Sandra Gidley's call for a clear outline of the Department of Health's view on pharmacy services, during a Select Committee meeting.

He told her the issue had cross-party support and the number of petitions he was receiving was testimony to the backing for community pharmacy.

Mr Lammy stressed the importance of developing the role of pharmacists as set out in *Pharmacy for the Future* and said community pharmacists "wanted to be liberated and carry out services beyond dispensing such as supplementary prescribing".

**David Lammy told a Select Committee that the number of petitions he was getting reflected widespread support for community pharmacy**



But Mrs Gidley, while acknowledging he had made the right noises about pharmacists, pressed him on what discussions he had had with the Department of Trade & Industry. Mr Lammy assured her there would be a Government response in July.

He said PSNC had also raised competition issues, the DoH was looking at "the needs of the vulnerable", and the Government would be building on its plans for a "balanced package of measures".

For more information:  
[www.psn.org.uk](http://www.psn.org.uk)

## NPA urges new effort in OFT campaign

The NPA is urging all members in England to increase their efforts to stop the OFT recommendations on relaxing control of entry to pharmacy going ahead.

It has asked pharmacists to write again to local MPs and has sent out a briefing document emphasising its message that 'local problems require local solutions'. NPA chief executive John D'Arcy says in his letter to members: "Where there are access or quality problems, these need to be addressed. But we need to be very careful that having taken the heat out of the situation with a vague holding statement, the Government does not force deregulation through the back door. The campaign needs to continue."

## Testing times for diagnostics

Two thirds of Britons are prepared to pay for diagnostic tests for cancer, according to a survey by the Association of Clinical Biochemists (ACB).

The NPA welcomed the news, saying pharmacists are "ideally placed to advise people on the limitations of such tests and ensure their expectations are realistic".

But, of the ACB members who

debated the results at their annual conference, 48 per cent disagreed with the idea of allowing diagnostic tests to be sold over the counter.

Dr Ian Gibson MP was one of those in opposition on the grounds that: "Clinical diagnostics should only be administered by qualified medical practitioners so that users can

make an informed choice about the usefulness of the test and receive the necessary counselling and support in responding to the results."

Among the 43 per cent in favour was director of Roche, Colin Brown, who said: "The high street can be used as a means of bringing the tests to the laboratory helping, for example, to detect the missing million diabetics in the UK."

## Questiontime

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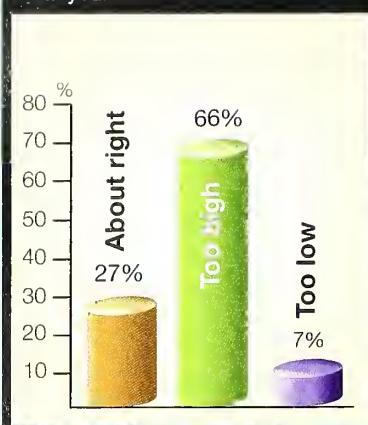
Last week we asked you: "Northern Ireland pharmacists face a 13 per cent increase in retention fees. Do you think the increase is?" You replied (see right):

**This week's question: Will this week's launch of the Chip and Pin anti-fraud system by banks cut credit and debit card crime?**

Yes ● Will make little difference  
Further security measures needed

You can record your vote on our website: [www.dotpharmacy.com](http://www.dotpharmacy.com). You have until noon on May 27 to cast your vote. We will publish the results in *C&D*, May 31.

What you told us



## Omeprazole seeks P status

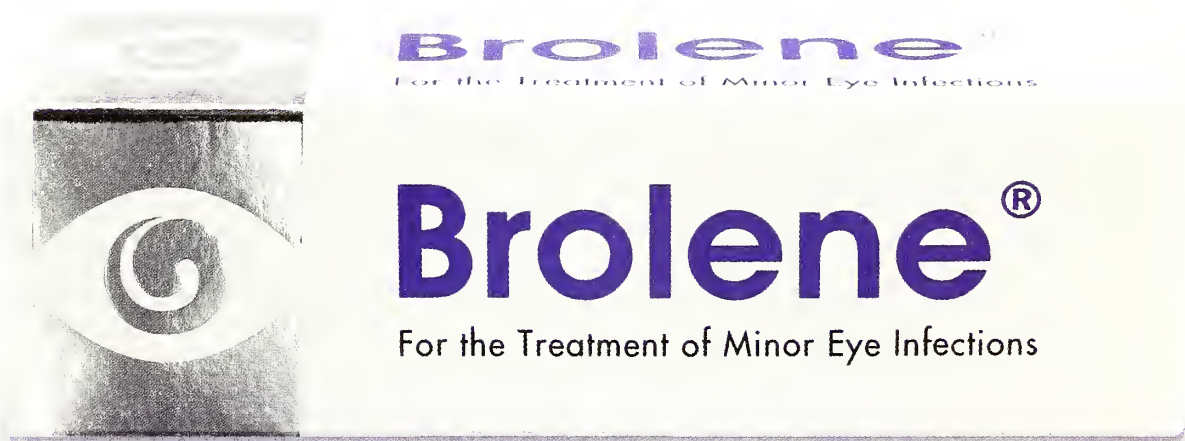
OTC medicines supplier Galpharm Healthcare has applied to the Medicines and Healthcare products Regulatory Agency for a reclassification of omeprazole 10mg gastro-resistant tablets from POM to P.

The proposal, ARM 7, restricts omeprazole sale to 10mg tablets in packs of 28 (14-28 days' treatment) in patients over 18, and advises against long-term use without reference to the pharmacist. Also, the existing POM dosage recommendations for the proposed indication of heartburn are considered appropriate for P status. ARM 7 adds: "There will be no confusing claims of 'fast' or 'rapid relief' on the P status patient information" and the proposed pack size and posology will also limit the indirect danger posed by the masking of serious underlying disease.

Comments should be sent to Amanda Lawrence at the MHRA, Room 14-152, Market Towers, 1 Nine Elms Lane, London SW8 5NQ or by e-mail to [Amanda.Lawrence@mhra.gsi.gov.uk](mailto:Amanda.Lawrence@mhra.gsi.gov.uk) by June 27.



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References: 1. IMS October 2002 2. NOP November 2001

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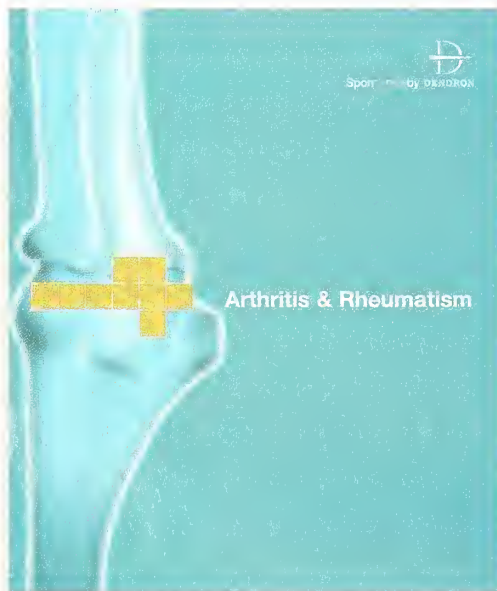


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## MEDICINES

# Expert patients an unused resource

'Expert patients' are a great untapped resource for the health service, speakers told a seminar at the RPSGB's headquarters on Monday.

It is difficult for health professionals to know what an illness is like unless they have experienced it themselves, said Lynn Faulds Wood, a BBC *Watchdog* presenter turned campaigner for bowel cancer patients. Anyone who gets a serious disease becomes a member of a club that no one else truly understands. Patients' "huge expertise" can be useful both in helping other patients and in training health professionals.

"People with extremely painful conditions such as arthritis can help explain to young doctors the right way to poke and prod them," she said.

Ms Faulds Wood related how her experience of advanced bowel cancer is leading to improvements in the way patients are treated.

She helped in developing the first research-based guide to bowel cancer symptoms and in setting up better diagnostic training schemes for doctors. Another innovation is "patients' parties" in which feedback from patients is used to improve services.

Robert Hallworth, a pharmacist with diabetes, believes patient empowerment depends on health professionals giving adequate information.

"How often do we ask patients, how was it for you?" he wondered. Since selling his own business, he had had his insulin prescriptions dispensed at several pharmacies.

"No one has ever asked whether I am happy with my medication or if I know how to monitor my blood glucose levels correctly," he said. Pharmacists encounter people with diabetes more often than anyone else in the diabetes team, yet how often do they intervene or seek patients' views?

Eleven pharmacists have gained membership of the College of Pharmacy Practice by completing the stage two section of the Association of Scottish Trust Chief Pharmacist's Vocational Training Scheme. The award of the joint



certificate recognises their achievement of excellence in practice at an early stage in their careers. Four of the pharmacists are pictured receiving their award at York Place, Edinburgh. From the left: Kathryn Smart, Kerridh-Ann Calder, Susan Petrie and Katherine Davidson

## PSNC

## IT systems within NHS must include pharmacy

PSNC says any IT system that allows the delivery of the *NHS Plan* must incorporate community pharmacy to ensure pharmacists are integrated within the NHS.

To achieve this goal, PSNC has set engagement with the Information Management and Technology Agenda as a priority.

"The National Programme for IT in the NHS is designed to connect the capabilities of modern IT to the delivery of the *NHS*

*Plan* – community pharmacy must be involved," says PSNC.

"Integration won't happen if we don't have the right IT integration," said PSNC's chief executive Sue Sharpe.

As an example, she highlighted the issue of repeat prescribing. She said that pharmacists must be able to access patient's records electronically to input clinical data because "GPs will not tolerate bits of paper".

## Lambeth OUTLOOK

### A knotty issue of individuality

The Labour Party's range of neckwear mirrors divergent views on policy, writes RPSGB director of public affairs Beverley Parkin

Are you a member of a tribe or a free-thinker? The very nature of party politics means that Members of Parliament are quite clearly as tribal as they come.

Yet within Parliament there also exists a desire to demonstrate individuality, however subtle the gesture. At the last meeting of the Health Select Committee, members sported a wide range of neckwear. Doug Naysmith (solid centre-left) wore a plain red tie.

Andy Burnham, the youthful New Labour ex-special adviser, wore red but with stripes.

Chair of the committee, David Hinchliffe, chose red with white spots: a bid to camouflage his rebellious streak? Siobhain McDonagh wore a blushing pink scarf which spoke louder than she. Of the Labour MPs, only Julia Drown showed no hint of red: make of that what you will!

It is fascinating to analyse the meaning – if any – of the superficial symbols on display. But it is also important to recognise the more deep-seated ideas that drive policy forward and where they meet resistance, especially from Labour MPs. One such issue discernible in the health service is decentralisation.

The Labour tribe agrees that this is on the whole "a good thing". In fact, the Government has put great faith in decentralising healthcare as a means of encouraging modernisation and innovation within the NHS. The recent debate over Foundation Hospitals is the latest manifestation of this.

A process of devolution is here to stay. This is likely to continue to be developed within the NHS, with the Government seeking to limit its own role to setting a number of national priorities, for example, through National Service Frameworks. The breaking down of the old NHS hierarchy and the trend to devolution should mean increased roles and responsibilities for a wider range of health professionals,



including pharmacists.

But the rebel faction within the Labour movement argues that devolution of decision making does not always lead to improved services or innovation, and instead can result in cuts in sectors not prioritised by government and competition between healthcare providers. They also point out that the debate over Foundation Hospitals demonstrates the continued dominance of acute services within the NHS over community, primary care and public health.

For the Government, a problem arises when the need to demonstrate individuality moves beyond the choice of clothing. Inevitably there is a backlash and, although the rebellion over Foundation Hospitals was quashed at second reading, expect some well supported amendments as the Bill goes through Parliament.

While the rebels can choose their clothes, make speeches and sign motions to demonstrate their concerns over government policy, it is more difficult to arrest further decentralisation in the health service – especially when it has the endorsement of the PM.

As I write, Clare Short has resigned and a reshuffle looms. The rebellion over Foundation Hospitals will not have gone unnoticed and the fall-out from the Iraq war has hardened alliances. A shift in Government personnel is on its way and by next month there may be a whole new rack of ties and neck scarves – as well as much else – to analyse!



# GSK fat cat pay deal rejected by shareholders

GlaxoSmithKline is re-examining its proposed multi million pound remuneration packages for executives after 62 per cent of shareholders, including proactive abstentions, voted against them at its AGM this week.

This is the first year that British shareholders have been able to ballot on executive pay. Among the proposals was one which enabled chief executive Jean-Pierre Garnier to walk away with a 'golden parachute' of as much as £22 million if he lost his job.

Although the vote is only advisory, it will affect policy at the company, where Mr Garnier already has a £5m annual pay package. He is one of the highest paid executives in the UK, despite spending most of his time in the USA, and is set to become the first person to receive a company pension worth more than £1m a year.

GSK argued that as its management team is based in the USA it needs larger pay packages to compete with those offered there.

Chairman Sir Christopher Hogg said: "The board takes this



**Jean-Pierre Garnier: his 'golden parachute' is now in jeopardy**

result very seriously. The major reason for this negative vote has been the fact that there are elements of our senior level remuneration package which do not accord with what is regarded as best practice by some shareholders. That is something that the board is aware of and it was one of the reasons that the remuneration committee decided to appoint Deloitte & Touche some months ago to conduct a completely independent review of our approach."

Brendan Barber, general secretary-elect of the TUC, said: "This is an extremely significant result that will have repercussions. Britain's boardrooms are now on notice but there is no guarantee they will act unless the Government changes the law to ban payments for failure."

Amicus, which staged a demonstration outside GSK's AGM, now plans to target other companies and has drawn up five tests of a company's performance covering equal pay, pensions, health and safety and redundancies, to be applied across industry.

Although the Department of Trade & Industry is due to publish a consultation document on directors' pay, it is believed that the Government has ruled out legislation to let boards overturn large pay offs to executives of underperforming companies, preferring instead to introduce criteria which must be met in order for bonuses to be paid.

**For more information:**

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# New md for UniChem



**David Coles: a varied past career**

UniChem has a new managing director in the shape of David Coles, who joins in early June from air courier DHL International where he was managing director of its international business unit in the UK.

Mr Coles replaces Chris Etherington, who left UniChem in March to become the managing director of Unipart Automotive.

In addition to the logistics experience gained at DHL, Mr Coles has over 20 years of marketing and retail experience, having held senior management positions in Somerfield Stores, Safeway Stores, Allied Bakeries and United Biscuits.

## NPfIT shortlist cut again

The National Health Service is cutting 20 companies from the 31 hoping to tender for the £2.3 billion contract to modernise its computer systems.

The National Programme for IT in the NHS (NPfIT) will reduce the 31 competitors to a shortlist of between eight and 10, all of which are expected to be invited to tender for the three-year contract.

## PMI is just the picture

Photo-Me International, a leading operator of photo booths, has bought some assets of the Gretag Imaging's Central Lab Equipment division from the liquidator for £1.4 million.

The business will continue to operate from Regensburg in Switzerland and will be run for PMI by Rainer Bauer, formerly head of Gretag's German subsidiary.

## LEGISLATION

# Pharmacies query implications of Freedom of Information Act

PSNC has responded to a glut of inquiries about the implications for pharmacy of the Freedom of Information Act 2000.

It has posted on its website, [www.psnc.org.uk](http://www.psnc.org.uk), background information and a copy of the Information Commissioner's 'Model Publication Scheme' to

help clarify the requirements.

The Act gives a general right of access to all types of recorded information held by public authorities, highlights exemptions and sets certain obligations. It covers only public authorities, including Government departments, local authorities and

NHS bodies, including local pharmacies. LPCs are not currently covered by the Act.

The first duty for these organisations will be to adopt a publication scheme about the availability they hold. Community pharmacies must do this by October 31 this year.

## LEGISLATION

# Corporate killing law on its way

Home Secretary David Blunkett has announced Government plans to introduce a new criminal offence of "corporate killing", which will hold more companies accountable for deaths caused through gross negligence.

The Home Office will publish a draft bill in the autumn but is already saying it will not be

targeting company directors for criminal liability.

However, corporate liability experts claim the new law will raise insurance premiums for corporate liability. Smaller companies which could not afford the costs may end up trading illegally without cover, or go out of business.

Under current law, a successful prosecution for corporate manslaughter requires proof that a director has been grossly negligent but this is often hard to prove.

The NPA says its members already closely abide by health and safety regulations, so the change is unlikely to affect them.



# NO, YOU'RE NOT SEEING THINGS. THE WORLD'S BIGGEST-SELLING<sup>1</sup> ANTIHISTAMINE NOW HAS THE BIGGEST CETIRIZINE RANGE.



Zirtek, the original cetirizine, is still the best-selling antihistamine in the world. And it still leads the way. It's the first and only cetirizine available in packs of 7, 14 and 30 tablets. And it's now also available in a child-friendly solution. But it's not just the range that's grown.

Zirtek is also about to get it's biggest ever TV and radio spend.

With a mammoth advertising campaign and so much choice for your customers, shouldn't your choice antihistamine be Zirtek? And shouldn't you ensure you've enough stock to meet demand?

Phone your Laser Healthcare representative on 01202 780558

#### ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

**PRESENTATIONS:** Film-coated tablets containing 10mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 6 years and over: 10 mg daily. Children between 2 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency give the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily. **CONTRAINDICATIONS:** Hypersensitivity to the constituents, lactation. **INTERACTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** Zirtek Allergy: Pack of 14 tablets = £7.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P. Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P. **LEGAL CATEGORY:** Zirtek Allergy: P. Zirtek Allergy Relief: GSL. **MARKETING AUTHORISATION NUMBER:** PL 08972/0032 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. **ZIRTEK ALLERGY SOLUTION** **PRESENTATIONS:** Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride. **USES:** Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial

allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily. **CONTRAINDICATIONS:** Hypersensitivity to the Constituents, Lactation. **INTERACTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** 75ml Solution = £5.99 R.R.P. **LEGAL CATEGORY:** P. **MARKETING AUTHORISATION NUMBER:** PL 08972/0033 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. **Date of preparation:** February 2003. **UCB-ZA-03-02**

#### References:

1. IMS HEALTH MIDAS data. Units sold from July 2001 - June 2002





## RETAIL

# Chip and Pin trials in Northampton retail outlets

The first Chip and Pin transactions in the UK have taken place in Northampton, with the town becoming the first in the UK to introduce the new card anti-fraud system. This sees customers being asked to key in their four digit Pin instead of signing a receipt when they pay.

During the coming weeks over 150,000 people in Northampton will be sent new cards from their banks, and outlets will be switching to Chip and Pin terminals throughout the rest of May and June. The trial will continue through June and July and after this, the initiative will continue in Northampton and be rolled out across the UK.

"The trial is the first phase of a nationwide programme which will see more than 850,000 retailer terminals, 120 million cards and 40,000 cash machines upgraded over the next 18 months," said Sandra Quinn, Chip and Pin programme spokeswoman.

The Chip and Pin programme is backed by the UK's banks, card companies, building societies and retailers, co-ordinated by the British Retail Consortium and the Association for Payment Clearing



www.chipandpin.co.uk

**Shoppers in Northampton will key in a personal identification number instead of signing a receipt at various outlets throughout the summer**

Services. Chip and Pin is considered a much more secure way for consumers to use their credit, debit and charge cards and most UK cardholders will be using it by 2005.

It combines two security features. The first is a microchip on the users' debit or credit card which stores personal data more securely than the current magnetic strip so it is much harder to counterfeit. The other is the Pin, which is harder to

copy than a signature.

Northampton has been chosen for the trial as it is demographically representative of the UK as a whole. The town's trial will be crucial in confirming the best way to roll out the new technology nationwide. It is expected that by the end of the trial, Northampton consumers with the cards will be prompted to use their Pin for one in every two or three transactions.

For more information:

[www.chipandpin.co.uk](http://www.chipandpin.co.uk)

## INDUSTRY

# Chiron buys PowderJect

Biotechnology company Chiron is paying £545 million for vaccine specialist PowderJect Pharmaceuticals.

The deal equates to 550p for each PowderJect share and will make the combined companies the world's second largest provider of flu vaccines. Chiron initially bid 450p a share for Oxford-based PowderJect last year, but talks collapsed in November following disagreement about the price. Since then PowderJect had also been talking to Swiss rival Berna.

PowderJect chief executive and Labour Party donor Paul Drayson, who is set to make £40m from the sale, said: "Our objective has been to create a broader base to PowderJect's business, balancing the company's dependence on flu vaccines, and the board believes the offer from Chiron provides the best alternative to achieve that goal."

## RETAIL

# More Numark mail drops

Following the success of its first consumer campaign in November, Numark is again distributing over 1.6 million magazines to households in the catchment areas of its member pharmacies.

The initiative, starting on May 27, aims to increase awareness of Numark within local communities. It promotes the role of the pharmacist as a healthcare professional who is on hand to talk about a range of health concerns and highlights the variety of products and services available from Numark pharmacies.

There are also reader offers and a competition that gives Numark customers the chance to win £2,000 worth of holiday vouchers.

For more information:

Tel: 01827 841200.

## Coming Events

### MAY 27

#### Moray & Banff Branch

*Epilepsy Model Scheme*, by Annamare McGregor at the Laichmoray Hotel, Elgin, 7pm.

### MAY 28

#### Crawley, Horsham & Reigate Branch

*Obesity Management*, by Dr Stephen Kreitzman and Valerie Beeson at the Post Graduate Medical Centre, Crawley Hospital, 7.30 for 8pm.

### MAY 29

#### NICPPET

*Return to Practice I: Law and Ethics*, at the NICPPET Resource Centre, The School of Pharmacy, Belfast, 10am.

### MAY 30

#### NICPPET

*Principles of Palliative Care*, at the NICPPET Resource Centre, The School of Pharmacy, Belfast, 10am.

## SURVEY

# Licensing key to success

Top pharmaceutical companies should concentrate on developing effective licensing strategies to stay ahead of their rivals, says Wood Mackenzie.

The analyst's new Licensing Insight study suggest these are becoming increasingly important to "maintain momentum and improve global market share".

Among the study's findings was that: GSK is progressing more

than twice the number of licensed products through development than any other pharma company; Roche, Novartis and Amgen have made licensing a core component of their business development; Pfizer leads in terms of overall commercial success of licensed products.

For more information:

Wood Mackenzie

Tel: 0131 243 4244.

## WHOLESALE

# New home for Ostomed

Surgical appliance wholesaler Ostomed has moved into new premises in order to keep up with growing sales of its 4,000 lines.

The £1.2 million, 2,000sq m purpose built complex in Preston contains two miles of shelving and the company expects a further 1,000sq m expansion.

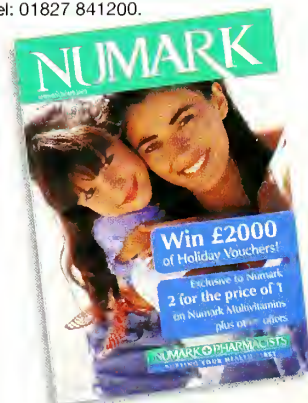
Originally established in 1984 to

supply pharmacies in the north west, Ostomed now claims to be the UK's largest independent specialist surgical appliance wholesaler and expects sales this year of £20m. There is an open day at its new premises on June 1.

For more information:

Tel: 01772 647830

Fax: 01772 626699.







# no tears

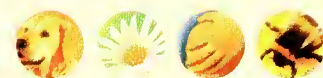
**because** his allergy relief is reliable

**because** it's once a day

**because** it helps to avoid drowsiness\*

**because** it doesn't cost the earth\*\*

**because** it's part of the Piriton family



**Piriteze®** allergy tablets

**one a day**

cetirizine dihydrochloride

\*Piriteze does not cause drowsiness in the majority of people at the recommended dose

\*\*Piriteze 30 tablet pack compared with other brands of cetirizine dihydrochloride on a cost per day basis

**Piriteze Allergy Tablets Product Information:**  
**Presentation:** Film coated tablets containing 10 mg of cetirizine dihydrochloride. **Uses:** Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage and administration:** Adults (including the elderly) and children 12 years and over, 10 mg daily. Children under 12 years not recommended.

**Contraindications:** Hypersensitivity to any of the constituents of the formulation and lactating mothers.

**Precautions:** Use half dose in patients with renal impairment. Advisable to avoid excessive alcohol consumption. Should not be used during pregnancy unless clearly necessary. Exceeding the recommended dose may effect driving or operating machinery. **Side effects:** Occasionally mild and transient subjective side effects such as drowsiness, headache, dizziness, agitation, dry mouth and gastro-intestinal discomfort. Convulsions reported very rarely. **Legal category:** P (30 tablets) and GSL (7 tablets). **Retail selling price:** (ex VAT).

P (30 tablets): £7.28. GSL (7 tablets): £3.40. **Product licence number:** PL 0289/0388. **Licence holder:** Approved Prescription Services Ltd, Brampton Road, Hampden Park, Eastbourne, BN22 9AG, England. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS, U.K. **Date of preparation:** December 2001. Piriteze is a trade mark of the GlaxoSmithKline group of companies. © GlaxoSmithKline, 2001.



# Fury over branch funding changes

Changes to the way Lambeth funds local branches led to a furious debate at the annual branch representatives meeting at the Royal Pharmaceutical Society last week

Proposing motion three, Zafar Khan, West Metropolitan branch, said: "It is the opinion of this meeting that it deplores the fact that the branch funding has been reduced and the means of allocating funds changed without consultation or notice."

Lesley Cannon seconded the motion, saying it was increasingly difficult to get sponsorship for meetings. "But as a profession should we be relying on going out with our begging bowl to say please can you help us?" she asked.

Roger Phillips of Birmingham urged delegates to vote in favour of the motion. "There may have been some consultation with the branch secretaries but they should have consulted with the treasurers – we heard nothing until it had happened," he said.

The motion was eventually amended to: "That it is the opinion of this meeting that we deplore the

reduction in branch funding and propose that future changes only be made after a period of consultation with the branches."

Joel Hirst, Bristol branch, said that the Society was curtailing the ability to deliver the programme and that the current system is unacceptable. The maximum £1,000 contingency fund that branches are allowed to carry over from one year to the next is inadequate.

Mark Koziol said his Birmingham branch "deplored the RPSGB" over branch funding. "We've all been involved in the consultation process but as we've seen with other issues, consultations do not necessarily lead to action."

Professor Howard McNulty, Glasgow and West of Scotland branch, suggested that as the RPSGB has a £4 million surplus, then Council should think very seriously about strengthening the branch structure.

"They should be investing in it – not cutting it," he added.

Beverly Parkin, director of public affairs at the Society, said the global sum to fund branches had only been reduced by £25,000 last year. This year the same amount is available for branches to apply for to use for Charter meetings. She also said that there had been no decrease in administrative costs.

**"Pharmacists deserve better than the proposals"**

Gavin Miller,  
West Metropolitan branch



John Gentle, Shropshire branch, proposed motion four: "That it is the opinion of this meeting that the recent decisions to reduce branch funding and to change the way in which branch grants are allocated should be condemned and reconsidered."

"Why has funding been reduced by £25,000?" he asked. The Shropshire branch has had its funding cut by 30 per cent and he described this as "a cut too far". "Where are the branches that are sitting on this money?" He described the local branch system as the "jewel in the crown" and "the envy of other professions – why is the Society trying to get it on the cheap?"

"It is disingenuous to the point of – almost – lying to say money has been given back to us. I don't want the Council to take money off me and give it back if I've been a good little boy and held the meetings on the subjects the Society wants," he added.

Roger Mills, Slough branch, also said that the background

notes to the motion were "disingenuous". "There is no such thing as saying we agreed the method. It is not the decrease in funds that is so depressing – it is only because we have built up a financial reserve that we are not allowed to apply for extra funding." An amendment to the motion was lost and the original motion stood.

Bill Brooks, Cheshire branch, asked why it was acceptable for the Society to build up a reserve but not for the branches. "And we can have the money provided we use it as Council directs." He described this as "central control-freakery".

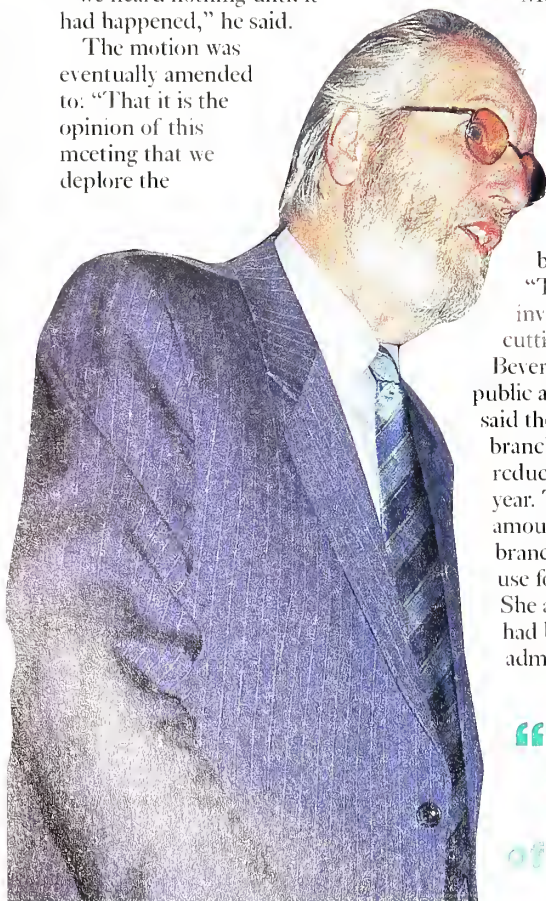
Katy Smith, Ipswich, urged delegates to vote against the motion. "We're debating a system that's only been in place for five months," she said.

Summing up, Mr Gentle said the scheme should have been "strangled at birth... I don't need to keep sticking a pin in my eyes to know it hurts. Next year will be when you will see the decrease in branch activity," he warned. The motion was carried.

The Society should observe the modernisation principles agreed by the YPG, the NPA and PSNC in any changes it recommends to the structure of the Society, proposed the West Metropolitan branch. Gavin Miller, seconding

**"The motion should be taken as an obvious rejection of the proposals, and a vote of 'no confidence' in Council"**

Roger Mills, Slough branch





the motion, said that the organisations welcome the review and accept that the Society does need to modernise. But, Mr Miller said pharmacists deserve a Society they can be proud of. "Pharmacists deserve better than the proposals." He asked the audience how often all these different organisations agree on a common theme; "Would this not make you turn your head and listen?" he asked.

The motion should be taken as an obvious rejection of the proposals, and a vote of 'no confidence' in Council, said Roger Mills.

Joel Hirst said the Council is causing the difficulties. "Everybody wants a united profession but we feel we can't do that because the leadership is not listening to us." He urged Council to listen to the membership and listen to the sentiments.

Bill Brooks said there was a lot of sympathy for the motion but he could not support it because he did not agree with the section about lay members which said: "Lay members of Council must not become involved in determining policy in respect of representation on professional issues."

"I have had experience of listening to lay members of Council and what they say is worthwhile listening to. They have a valuable contribution to make. Don't gag lay members – we are doing them a great disservice," concluded Mr Brooks.

Anthony Cox, Birmingham branch, agreed that lay members are a valuable resource but supported the motion, which was carried overwhelmingly.

Maurice Hickey, Moray &

Banff branch, urged delegates to vote for motion seven, concerning charitable status including a full consultation with the membership and a referendum of all members before Council's proposals are taken further. Mr Hickey said that the motion was all about democracy in the Society. "In my eyes, in the last few years there has been absolutely no democracy whatsoever. At the AGM last night, Mark Walker's request for a referendum on the move to charitable status was passed.

"The president said that the motion would not be binding on Council if passed because he said there was no proposal. And yet, it's there in black in white [in the background notes] 'Council in considering the proposal... made its decision'.

"None of us knows what the decision was. I'm fed up with not being told what's going on and I think many of the rest of you are too," concluded Mr Hickey, to loud applause from delegates. The motion was carried overwhelmingly.

Other motions carried included:

- BPSA – there should be a review of the packaging of medicines in an attempt to reduce dispensing errors and confusion;
- Brighton branch – patient information leaflets should be more 'user-friendly' for the public;
- Cheltenham & Gloucester branch – Council should not proceed with its proposal to hive off its publications activities to a separate company;
- Harrow & Hillingdon branch – when pharmacists are required to submit CPD records to remain an 'active' practitioner, they should be issued with a recognisable form of identification.

## Charter concerns raised at pre-AGM debate

Pharmacists questioned the Royal Pharmaceutical Society about its modernisation agenda at a discussion forum held just prior to last Wednesday's AGM, at the Society's headquarters.

RPSGB president Marshall Davies, secretary and registrar Ann Lewis, along with modernisation group member and Charter expert Robert Bulling, fielded questions on the new draft Charter and the promotion of members' interests.

Regarding some members' fears that the RPSGB was responding too enthusiastically to the Government's reform agenda, and that the Society should "resist the times of change that other bodies are undergoing", Mr Davies said members need to be "realistic and need to recognise that the Government has the power of achieving its aims to reform health professionals' regulation".

Addressing fears of the promotion of the public interest over that of members, Mr Davies said: "Frankly I'm at a loss to think of a situation within the Society's remit where the profession's interests could conflict with [the] public interest."

Mr Davies also rebuffed claims that the Society is losing its representational role. "Let me say loud and clear that we believe that the Society should increase its representational role under the new Charter. We want to ensure the voice of the profession is heard wherever policy is mentioned."

However, the president warned those who wanted the RPSGB to act as a trade body for pharmacists that the Society "has never, does not and cannot" get involved in matters of pay. He said the Society

"does not involve itself in contractual arrangements", adding: "We are concerned with quality and standards".

Ms Lewis echoed the president's sentiment, and said: "We can't intervene where it's a question of the marketplace."

Council member Dr Gordon Applebe asked why the new draft Charter did not promote the interests of the members as one of its objects, like the current Charter. Under the terms of the new Charter, the promotion of members' interests will be a power rather than an object, and powers do not have precedence over objects.

Dr Applebe said that pharmacists felt that in the new Charter there was "nothing coming on the membership side" to offset the power the Society was gaining on the regulatory side.

Countering this, Ms Lewis said that Article 3.1 "clearly

emphasises that the Society does have the interests of the profession, has professional leadership [and] professional development at its heart in parallel with regulation".

Mr Bulling suggested that if the Charter's objects advocated both the public interest and members' interests, then this created conflict, as objects have the same weighting. He suggested that a Society which promoted the interests of members as one of its 'top' objectives does not fit with how a modern regulator is expected to act.

The president added: "The premise that we can have a Charter which is not in the public interest is, I have to say, fundamentally flawed. There is no way that this body can act, either under Charter or under regulation, in any way other than in the public interest."

**"The Government has the power of achieving its aims to reform health professionals' regulation"**

Marshall Davies

"...the fact is that we are not going to be able to do this without the support of the public..."

Maurice Hickey, Moray & Banff branch





# Comment

## from the Editor

As summer approaches, so does the announcement from the Department of Health about its proposals on dealing with the OFT report. But not all is well. There are concerns on several fronts that the DoH, despite all its best intentions, may not be able to persuade its apparent lord and master the DTI that the case for pharmacy is paramount and that the OFT's views relate only to competition and not to the public good.

Patricia Hewitt and her fellow ministers have yet to reveal what will be in the "balanced package of measures", and as *Xrayser* points out this week, (p17) it is just as useful to look at what is not being said as what is.

Until the outcome is known, it is important that all pharmacy contractors in England continue to keep the public and MPs on their side and maintain the lobbying of the Government. Help from the potentially more secure devolved areas would not go amiss, either.

It is a shame therefore that the RPSGB will not be more overt in its support of community pharmacy. At the AGM last week, pharmacists were reminded that the Society will not get involved in contractual arrangements (p15).

The Society has been through a stormy week. Not only has it been harangued by a dissatisfied membership at the AGM and the branch representatives' meeting, it has also lost the experience of senior Council members. Further, PSNC is now firing a broadside by voicing its concerns that the Society is proceeding along its modernisation pathway without heeding the members' views sufficiently.

It will be interesting therefore to see whether the four new Council members are able to bring about a change in direction. And to see how well PSNC's own plans for referenda on the new contract engender trust and support among its own electorate.

**It is important that all pharmacy contractors in England continue to keep the public and MPs on their side and maintain the lobbying of the Government**

## Cymrucomment

Cath O'Brien, secretary of the RPSGB's Welsh Executive, discusses the impact of the Welsh Assembly elections on health policy

## What next for health in Wales?

None of us really knew what to expect from the Welsh Assembly elections. In the event, Jane Hutt won in the Vale of Glamorgan, and was re-appointed for a second term as minister for health and social care.

Her re-appointment allows us to have continuity within the Health Department. Jane Hutt now has a broad understanding of the value of pharmacy services and their contribution to the new NHS in Wales. We can build on the relationship we have developed with her.

The NHS re-organisation in Wales was Jane Hutt's 'baby'. She instigated the largest structural change the NHS in Wales has seen for years, by abolishing five health authorities and creating 22 local health boards. There is now a lot of pressure on her to deliver.

People in Wales have been

promised a new NHS that will be locally focused and address health issues in a direct way. All eyes will now be watching to see if this policy is backed up by effective, practical implementation.



Together with other pharmacy bodies, we have been working closely with the minister and Assembly officials over the last year on the development of a strategy for the future of pharmacy, Remedies for Success. With the elections out of the way, the executive is now looking forward to implementing the plan.

They will be making sure that politicians nationally and locally understand how pharmacists can help them deliver their targets. New Assembly members have already received briefing papers informing them how the NHS can benefit from the expertise and resources pharmacy has to offer. We will continue with this as they settle into their new roles.

We will also be liaising with Sue Essex, the newly appointed minister for finance, local government and public services.

She is now responsible for developing the strategic management of public services and communicating this to the public at large. It is, therefore, crucial that she is fully aware of the broad range of pharmacy services available.

The Minister for Social Justice, Edwina Hart, has responsibility for managing substance misuse in Wales. The executive is currently involved in helping to develop a co-ordinated approach for the management and care of people who misuse substances.

Implementation, progression and communication: all eyes will be looking to the new NHS to deliver on these expectations. We look forward to working with them to make healthcare modernisation in Wales a successful reality.



# BlackBAG

## A rationale for rationing

On January 23, 1879, 1,500 men of the South Wales Borderers (24th regiment on foot) were annihilated by a highly organised Zulu attack on the outpost of Isandhlwana in the Natal district of South Africa.

The technological gulf between the Zulu warriors and the British army at the peak of its colonising power was absolute. On the one side thousands of men with short stabbing swords harbouring a strong dislike for men in red coats, white hats and British accents. On the other side, massed ranks of men carrying state of the art rifles deadly accurate to half a mile.

A few days later the Zulus attacked around 100 men in Rorke's Drift. The British saw off the pressed attacks and hundreds of Zulus died. What was the difference between the two engagements? Same technology, same rifles, same army. How can 100 men achieve something 1,500 couldn't?

The Association of Clinical Biochemists held its annual conference in Manchester and hosted a Great Debate: 'This

## Rationing only works fairly when there is no alternative

house believes there should be rationing of clinical diagnostics'. Like Rorke's Drift, it was a hard fought battle with no holds barred.

Rationing only works fairly when there is no alternative. Unfortunately the NHS has its own black market: the private sector. Conference changed its mind and voted against the motion. Wise decision, as the clinical biochemists have a monopoly when it comes to manpower, just as the British Army had with technology.

So why was the Isandhlwana battle lost? The number of rounds issued to each soldier was rationed based on the rate/distance of fire and numbers of Zulus. But they got the most important number wrong by a large number of assegais. That's a lot of guys carrying short stabbing spears.

*Dr Ian Banks is a GP with a practice in Northern Ireland*

## TOPICAL REFLECTIONS

### Making an informed choice

A few months ago GlaxoSmithKline spent a lot of money emphasising the bioavailability difference between its Mesalazine enteric-coated tablets, Asacol, and that of its competitor Ipocol, marketed by Lagap Pharmaceuticals. The last two weeks have seen double page spreads of an advertisement by Lagap responding to this criticism and publishing comparative data that presents the dissolution data for Ipocol more favourably than that for Asacol.

So what am I, a mere humble community pharmacist, to make of these competing claims? Is there a difference and is this difference sufficiently significant to influence my dispensing decision?

Before the advertisements from GSK I used

Ipocol for open scripts because I was told it was therapeutically equivalent and, as a 'generic' was more competitively priced even though the list price was the same. After the adverts I was sufficiently concerned to revert to Asacol-only usage, even though anecdotal information from patients indicated no discernible difference between the two.

The two companies are using me and my patients as the battle ground for their competing claims and spending a lot of money protecting their respective markets. I suspect the truth is that the list price of £41.62 per 120 tablets provides sufficient profit to expend on expensive comparative advertising when there is actually little difference between the two.

### How active is inactive?

So now I know the decision of my peers in Lambeth. When continuing professional development becomes mandatory the Register will be split between 'active' and 'inactive' categories (*C&D May 17, p5*).

Now that is fairly simple but then the plot thickens. CPD will be mandatory for those undertaking a job that legally requires them to be a pharmacist. Fine, but then CPD will also be mandatory for a job that is usually undertaken by a

pharmacist, and finally for those undertaking a pharmacy or healthcare job for which they do not have to be a pharmacist. Perhaps I am now geriatrically challenged but what on earth does that mean!

If a pharmacist is active then CPD is mandatory and if inactive then it is not. Simple, but if an 'inactive' pharmacist is doing a job for which a pharmacist is not legally required then, surely, CPD cannot be enforced?

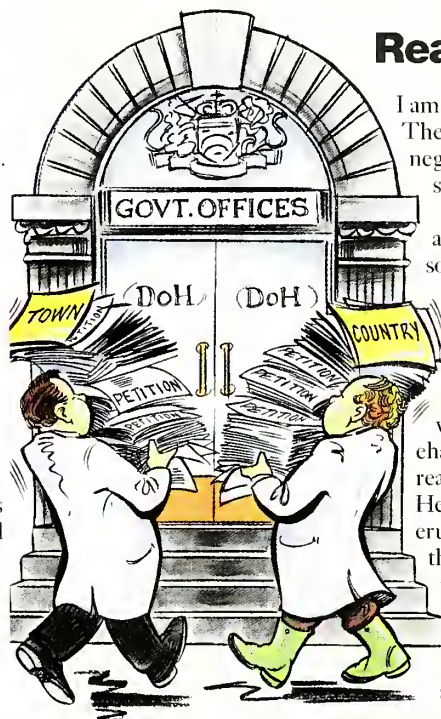
### Reading between the DTI's lines

I am privileged to have sight of *PSNC Community Pharmacy News*. The May issue contained an up to date summary of the new contract negotiations, important remuneration information and the latest on suggested changes to the control of entry regulations.

All these are matters vital to the future of community pharmacy and all credit to PSNC for providing information as it develops but sometimes the more I read about developments the more I am concerned about the outcome. At the moment it is the new contract and the awaited response by Government to the OFT report on contract entry control regulations.

PSNC has organised contract roadshows to explain developments and as a forum for listening to our views. This is a welcome initiative but the new contract will be irrelevant if changes to contract entry regulations put my existence at risk. What really worries me is the qualification in the last line of Patricia Hewitt's statement where she vows that change will not diminish my crucial role, "especially in poorer and rural areas". The implied threat is that if I am not in a poorer or rural area then my future remains uncertain. PSNC recognises the danger of this let out clause and is responding accordingly but it fears that many pharmacists believe the battle has been won and will now rest on its laurels. I am not so deceived. I am still collecting petition signatures and I am still keeping my MP fully informed. The pressure must be maintained and the Government continually

made acutely aware that it is the whole of the community pharmacy network that is crucial.





# HALF TIME HEALING



## CUT COLD SORE HEALING TIME BY UP TO HALF<sup>1,2\*</sup>

Nothing works faster than Zovirax® Cold Sore Cream to treat the tingle or bust the blister of cold sores.<sup>1,3,4</sup> Zovirax helps soothe pain within an hour of application<sup>5</sup> and cuts cold sore healing time by up to half.<sup>1,2\*</sup> You and Zovirax together – what a great team.

<sup>1,2\*</sup> Compared to no treatment



aciclovir

**Zovirax Cold Sore Cream Product Information**  
**Presentation:** 5% w/w aciclovir in water miscible cream base. **Uses:** Treatment of Herpes Simplex virus infections of the lips and face (cold sores). **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to

an additional 5 days. **Contraindications:** Known hypersensitivity to aciclovir or propylene glycol. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Consult doctor if pregnant or breast feeding. **Side effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has

occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Legal category:** P. **Product licence number:** 00003/0304. **Product licence holder:** The Wellcome Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 g tube - £5.79; 2 g pump - £5.99. **Date of**

**last revision:** March 2003. Zovirax is a registered trade mark of the GlaxoSmithKline group of companies. **References:** 1. Spruance SL *et al* Antimicrob Agents Chemother 2002; **46**(7):2238-43. 2. Spruance SL Seminars in Dermatology 1992; **11**(3): 200-206. 3. Van Vloten WA *et al* J Antimicrob Chemother 1983; **12**(Suppl B): 89-93. 4. Fiddian AP *et al* Br Med J 1983; **286**: 1699-1701. 5. Data on file, GlaxoSmithKline, 2001.





Proper diagnosis and adequate treatment regimes are crucial in combating head lice, says pharmacist *John Greene*

## A lousy problem

Despite increased awareness of the problem among the public and health professionals, head lice remain a nuisance both to children and their families.

The quality of advice from health professionals on the correct diagnosis and best treatments remains variable. The situation is not helped by many "natural" treatments that have little evidence to back up their efficacy and play on some parent's irrational fear of 'nasty' chemicals.

Accurate diagnosis, recommending treatments based on efficacy and contact tracing are the key to treating head lice successfully.

### Diagnosis

Diagnosis must only be based on finding live moving head lice. The presence of 'nits' (empty egg shells), although a useful pointer, does not establish that an individual has head lice. Nits will remain in the hair long after a successful treatment. Children are often sent away from schools or hairdressers with a harmless case of nits. Parents will often spend hours trying to remove them with their fingernails (they are attached too firmly to comb out) when their efforts are better directed to looking for live lice.

Only thorough detection combing, lasting at least five minutes, can assess whether an individual has head lice. Adding hair conditioner at this stage can make seeing any lice or eggs difficult, instead a small quantity of olive or grape seed oil can improve smoothness of combing and reduce static electricity while still allowing you to see even the smallest lice. Plastic combs are preferable to metal combs, which can pull the hair and scratch the scalp.

Nits should be differentiated from dandruff or hair 'muffs', which can be easily dislodged. A hair 'muff' is a harmless white



David Scharf/Science Photo Library

Coloured scanning electron micrograph (SEM) of a human head louse with egg (nit)

sebaceous extract produced in the hair follicle that can attach itself around the hair shaft. It is similar in size and appearance to a nit. Hair 'muffs' are often mistaken for nits and so cause prolonged and unnecessary head lice treatment.

Head lice can sometimes cause a red rash at the back of the neck, the result of their droppings irritating the skin. In more extreme cases patients can feel lethargic as the infestation takes its toll on the immune system. This is the origin of

the term, feeling 'lousy'.

An itchy scalp, although a pointer, is not a reliable aid to diagnosis. Many people will itch at the mere mention of head lice. And not everyone itches, as it takes a little time for people to become sensitised to the lice bites before they notice any irritation.

Apart from louse-borne relapsing fever, currently confined to upland tropical Africa, head lice do not transmit any diseases. But secondary bacterial impetigo can sometimes result from repeated scratching.

Once live moving lice are found, all close contacts should be checked. Only those persons with lice should be treated, not everyone.

### Treatment

As highlighted by a recent Cochrane report,<sup>1</sup> there are few well-designed trials comparing treatments. Resistance also varies across the country with some head lice showing multiple resistance. Having said this, the alcoholic

Continued on page 20 ►



solutions of malathion (Suleo M and Prioderm) are a sensible first choice of treatment (they are first choice in the Sunderland pharmacy prescribing scheme). It is no longer policy to rotate treatments locally in an attempt to reduce resistance.

Alcoholic solutions of malathion are more effective as they also contain two other compounds that kill head lice – terpinol and d-limonene. Both compounds are classified as terpenoids, and in vitro studies show they kill head lice even without malathion. But they can irritate sensitive skin, as can the alcohol in these formulations. They can also cause bronchial irritation in asthmatics, although if used in a well ventilated room or outside, and with an inhaler present, bronchial irritation should be minimised. Aqueous malathion solutions may be more suitable in these patients, although they lack any terpenoids and will therefore not kill malathion-resistant lice.

Alcoholic formulations do not increase the systemic absorption of malathion. Malathion is the insecticide of choice in pregnancy.

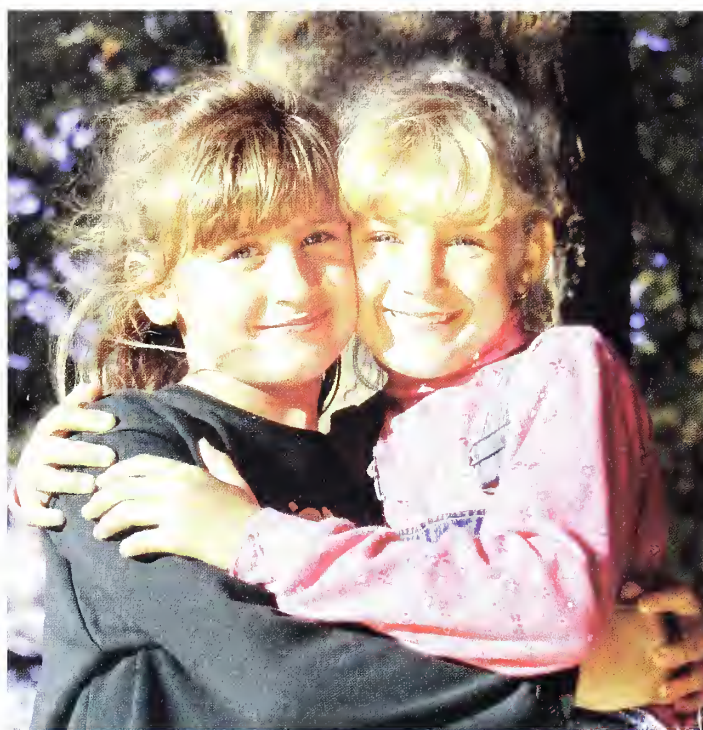
If resistance to malathion is suspected, then a different insecticide should be tried, such as permethrin cream rinse or phenothrin liquid or lotion. But some experts say that, if treatment with malathion and terpenoids failed because of resistance, it is unlikely that any product available in the UK will kill the lice or eggs. This is because the resistance mechanism for malathion is more than sufficient to denature both permethrin and phenothrin. In addition, if the lice are also resistant to terpenoids they will be able to denature virtually any neuroactive insecticide.

Carbaryl is now available only on prescription and should be reserved for cases of established resistance. It is available in aqueous solution or with terpenoids in alcohol.

## How to use

It is crucial to explain how to apply these lotions. Directions on the bottles or prescriptions<sup>1</sup> are not sufficient, and many cases of treatment failure are due to poor application technique.

Lotions should be applied to dry hair section by section (the same technique as when dying hair). The hair should be sectioned off and clipped back if long. The lotion is then applied drop by drop along the length of



**Head lice will only move to other scalps after prolonged hair to hair contact**

each parting and spread outwards with the fingers while moving along. This is repeated a few centimetres away from each parting, applying the lotion to the hair section by section until the whole of the scalp is wet. This technique ensures an even distribution of insecticide to the scalp.

A good analogy to use when explaining this technique to patients is that of painting a wall – you wouldn't empty the paint tin in the middle of the wall and then try to spread it out from there! With long hair, any unused lotion should be applied down the length of the hair to the ends.

Hairdryers should be avoided as heat can inactivate the insecticides, and alcoholic fumes may be flammable.

Attention should be paid mainly to the scalp, as head lice do not tend to stray away from the scalp. Head lice have only primitive vision, being just about able to differentiate between light and dark. They navigate using temperature sensors on the ends of their antennae, trying to remain where it is warmest, near to the scalp. This is where they bite to draw the blood they lay their eggs.

Malathion lotions (alcoholic or aqueous) should be left on for 12 hours and then washed off with an ordinary shampoo. In addition, some people advocate performing a 'wet comb' after the shampoo

has been rinsed off for the following reason.

Any lice that did not receive a lethal dose of insecticide (because of poor application technique) will only be stunned and may come back to life. They are therefore best removed by wet combing.

This is better done with oil, rather than hair conditioner, for two reasons. The first is that components in the conditioner can remove insecticide residues from the scalp, hair, and louse eggs. Secondly, many conditioner components are irritant, especially when left on the scalp for the extended time needed to wet comb (there is an increasing body of literature on allergic reactions to conditioners). So it is not a good idea to apply conditioner on top of another potentially irritant treatment.

## What is 'adequate'?

The amount of lotion prescribed or sold is usually inadequate. The BNF suggests 50ml is enough for one scalp, but experience shows that 50ml will only just about cover a very short or 'crew' haircut. Between 100–200ml is usually needed for one application in most individuals, depending on the length of hair.

Shampoos should not be recommended as they are not on the head long enough to work and are diluted with water when the hair is being washed. Even though this advice has been around for a

long time, these products still sit on the shelves of many pharmacies, supported by customers' perceptions that they are quick, easy treatments.

Treatment (whatever used) must be repeated seven days later (a message still not reflected in data sheets and patient information leaflets). Despite some product claims, most unhatched head lice will be protected from the first treatment. The second treatment will kill this next generation before they reach maturity and start laying eggs themselves. Therefore, complete treatment requires 200–400ml of lotion per individual over two weeks.

Patients and GPs can benefit from pharmacists returning prescriptions requesting more appropriate quantities. After the second treatment, another detection comb will indicate if treatment was successful. A final examination seven days after the second treatment will determine that the patient is cured.

There is no need to treat hairbrushes, bedlinen etc. A louse removed from the scalp will soon die from dehydration. Head lice constantly lose moisture from their bodies through transpiration and so require frequent feeding to re-hydrate themselves. When feeding they inject a small amount of saliva, containing anticoagulants, into the scalp to keep the blood flowing. Any lice detached from the scalp become dehydrated and lose the ability to produce saliva. Therefore even if any lice were able somehow to get back on to the scalp, without saliva they would be unable to feed and would still die. Head lice cannot survive on household pets.

## Adverse effects

Only minor adverse effects to insecticides have been reported and relate mainly to scalp irritation (with the exception of lindane which is no longer recommended). There have been no reports of systemic adverse reactions to malathion. This has been backed up by an observational study (32 people), showing that limited transdermal absorption of malathion (0.2–3.2 per cent of the applied dose) had no effect on plasma or erythrocyte cholinesterase activity.

## Treatment failure

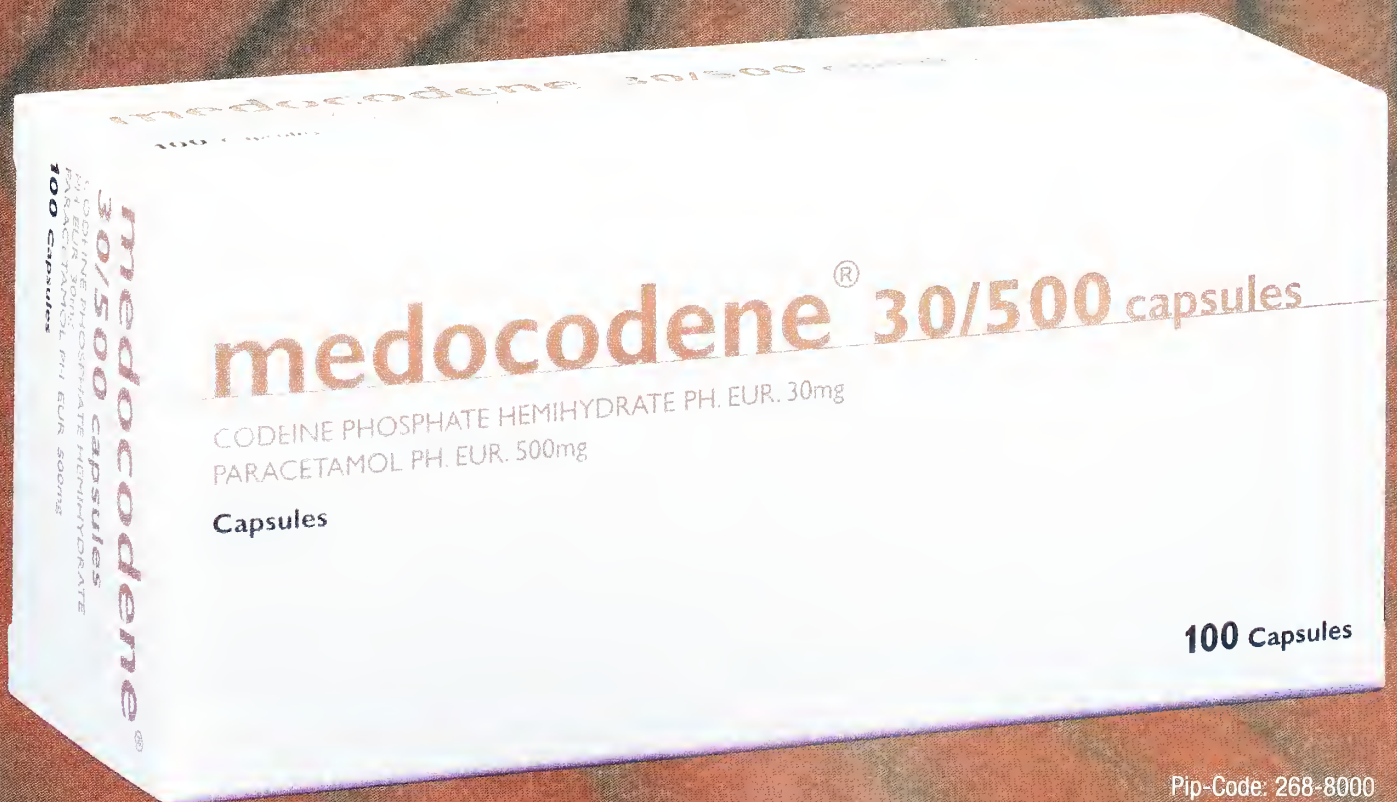
There are usually three reasons for this. Many cases of treatment 'failure' are due to poor

*Continued on page 22* ►



# Medocodene 30/500 Capsules

For your generic  
30/500 Co-codamol  
Capsule prescriptions



Pip-Code: 268-8000

From your Local Wholesaler...



application technique, or not treating again seven days later. Secondly, some cases are due to resistance.

Lastly, in some individuals treatment was successful but they have caught lice again. Ask the person to explain how they applied the product and whether they treated again seven days later. If their technique was sound, resistance may be a problem and it is best to recommend a different insecticide (see earlier). If the individual has been re-infected with lice, it is important to explain the benefits of contact tracing.

## Natural remedies

'Natural' treatments are popular, based on a public perception that natural equals 'safe'. This is an ill-founded assumption; tobacco, belladonna and ricin – to name just a few compounds – are all 'natural'.

Most of these treatments have undergone no toxicity screening, and efficacy testing

reveals that most do not work.

Tea tree (like all essential oils) contains several terpenoids, the most active of which are terpenin-4-ol, alpha-terpinol and d-limonene, and may kill head lice if used undiluted. But marketed preparations containing only 1-2 per cent tea tree oil will not work.

Many of these products have been a direct cause of resistance to terpenoids and should not be recommended. There have been no reports of adverse effects, although a potential for toxicity has been recognised for several essential oils.

## Wet combing

The only well-designed published trial (72 people) evaluating wet combing or "bug busting" compared this technique to two applications of 0.5 per cent aqueous malathion seven days apart. Significantly more people in the malathion group (78 per cent) were clear of lice compared to wet combing (38 per cent) seven days after treatment.

Evidence therefore does not support wet combing as a first line treatment.

It is also untrue that wet combing has no potential for adverse effects, as there have been published reports of contact urticaria associated with the cosmetic use of conditioners.

## Contact tracing

Although difficult to assign an actual time, head lice will only move to other scalps after prolonged hair-to-hair contact, not the brief contact that usually occurs between strangers. This type of hair-to-hair contact generally occurs only between family members and close social groups.

Parents always tend to blame the schools. Head lice are often found in schools because that's where most people look. But that doesn't always mean that that's where they originated. If lice have been caught at school, it is usually from a best friend there.

Contact tracing involves individuals writing down a list of all people they have had prolonged hair-to-hair contact with in the previous month, contacting them, and suggesting they perform detection combing and seek treatment if needed. Patients should be told that this is the only way to stop re-infestation. However, this advice is seldom given or followed. Even if the check is performed well, there is no guarantee that affected individuals will seek effective treatment, or be given good quality advice on how to apply treatment.

Some products are marketed as repellents, but are of limited value.

## References:

1. Dodd C. Interventions for treating head lice. In: *The Cochrane Library*, Issue 3, 2001.

John Greene is a locum pharmacist and visiting lecturer in pharmacy practice, Brighton University.

## Medical matters

# DTB has doubts about dermatitis treatment

The *Drug and Therapeutics Bulletin* can find "no convincing evidence" to justify the use of pimecrolimus in the first line management of atopic dermatitis.

The May issue of *DTB* also calls for an advert for the product (Elidel) featuring a baby to be withdrawn because it is not licensed for the treatment of children under two years.

According to the review there is a lack of evidence comparing pimecrolimus to conventional treatments. Although it appears to be moderately effective for the short-term treatment of mild or moderate atopic dermatitis in children it has not been compared with mild or moderately potent topical corticosteroids.

However, when it was compared with betamethasone, 0.1%, for short-term treatment in adults pimecrolimus was not found to be as effective.

Long-term intermittent use of pimecrolimus to prevent progression of the condition has not been compared with steroids either. And using it to reduce the



**Atopic dermatitis: there is a lack of evidence for using pimecrolimus**

number of days treatment with moderately potent corticosteroids could "substantially increase" the cost of managing the condition.

The *DTB* also has concerns about its safety: as pimecrolimus suppresses the immune response in the skin the long-term safety needs to be established, particularly its potential to increase susceptibility to infection or any type of cancer.

Novartis, manufacturer of Elidel, said it has withdrawn the advertisement. "We regret that our message was not perceived as intended and apologise for any confusion." The company also said that, with regards to safety, Elidel has only a low potential to affect systemic immune responses, as shown in standard pre-clinical models of systemic immunosuppression.

Earlier this month the Scottish medicines consortium said that pimecrolimus cream "is not recommended for use within NHS Scotland" because there are insufficient comparative data to demonstrate it offers clinical advantages over alternative, less expensive products.

For more information:  
[www.which.net](http://www.which.net)

# Nicotine replacement therapy works OTC



**Nicotine patches, effective over the counter**

Nicotine replacement therapy is as effective at helping people to give up smoking whether on prescription or available over the counter.

A systematic review, published in the quarterly *Tobacco Control*, showed that long-term abstinence rates are modest, regardless of the source of NRT.

The authors suggest that governments which restrict the provision of NRT to prescription, or in combination with counselling, may actually be preventing people from giving up smoking.

For more information:  
<http://tc.bmjournals.com>  
*Tobacco Control* 2003; 12:21-27



# Epilepsy drug for alcohol dependence?

A treatment for epilepsy may be effective in managing alcohol dependence, according to a small study in *The Lancet*.

In a double-blind, randomised trial 150 people with alcohol dependence received either topiramate (25-300mg daily) or placebo, as well as advice on the importance of complying with treatment.

After 12 weeks, patients taking topiramate had nearly three fewer drinks per day, fewer drinks per drinking day and more than 25 per cent fewer heavy drinking

days. These results were self-reported but plasma levels of gamma-glutamyl transferase, an index of alcohol consumption, were also reduced in the treatment group, along with alcohol cravings.

The authors suggest that topiramate might antagonise alcohol's rewarding effects by inhibiting dopamine release in the mesocorticolimbic area of the brain.

**For more information:**

[www.thelancet.com](http://www.thelancet.com)

*Lancet* 2003; 361: 1677-85.

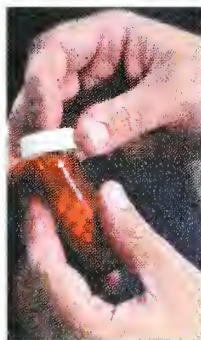


**Patients taking topiramate had nearly three fewer drinks per day**

# Antipsychotics do not increase risk of diabetes

Antipsychotic medicines are not associated with an increased risk of diabetes, according to new results presented at the annual meeting of the American Psychiatric Association.

Those who do develop diabetes during treatment for schizophrenia are most likely to have possessed multiple risk factors for the disease (older, hypertension, obesity) before



**No link between schizophrenia and diabetes was established**

starting treatments such as olanzapine, risperidone or clozapine.

A study of more than 5,000 people with schizophrenia revealed that 94 developed diabetes while receiving the active treatment or placebo.

Of these 94, two-thirds had possessed two or more diabetes risk factors and a third had elevated glucose levels at the beginning of trials.

# Antibiotic resistance found to be a result of consumption patterns

Regional differences in antibiotic resistance across Europe can be explained by high variations in antibiotic consumption, experts conclude.

Travelling from north to south Europe there is decreasing resistance of bacteria causing respiratory tract infections (*Streptococcus pneumoniae*) to

antibiotics such as penicillins and macrolides.

According to European Surveillance on Antimicrobial Consumption data, northern European countries (Norway, Sweden, Finland, Denmark, Netherlands, Latvia) are low antibiotic consumers, primarily of narrow spectrum

penicillins, while southern European countries (Portugal, Italy, Greece, France) are high consumers using exceptionally high proportions of cephalosporins, macrolides and fluoroquinolones.

**For more information:**

[www.esac.ua.ac.be](http://www.esac.ua.ac.be)

# Use of valproic acid on the increase among elderly

A small study in the *BMJ* has raised concerns about the increasing use of valproic acid in older people with bipolar disorder.

A study of patients over 65 in Canada showed that between 1993 and 2001 the number of new lithium users fell from 653 to 281 whereas the number of valproic

acid users rose from 183 in 1993 to 1,090 in 2001.

The authors of this study say that this shift has occurred in the absence of evidence-based data; for the elderly there is no clear evidence that valproic acid is more beneficial than lithium.

Although lithium toxicity is of particular concern in the elderly, there needs to be "adequate evidence" that valproic acid offers comparable or superior efficacy and safety.

Better guidelines for doses of lithium carbonate in elderly people are needed before doctors

## Scriptlines

### Multi-layer dressings in kits

From next month, Profore multi-layer compression bandaging system will be listed in the *Drug Tariff* as Profore Kits, instead of the individual components that make up the kits.

The Profore 4-layer system will be available in five differing ankle circumferences.

In addition, a two-layer compression bandage system, ProGuide, will be listed in the June issue of the *Drug Tariff*.

**For more information:**

Smith & Nephew Healthcare

Tel: 01482 222200.

### Neomycin drops to be withdrawn

Chauvin Pharmaceuticals will withdraw Minims Neomycin Sulphate 0.5 per cent single-use eye drops from July 1 due to commercial reasons.

**For more information:**

Chauvin

Tel: 020 8781 0000.

### Topamax monotherapy

Janssen-Cilag's novel anti-epileptic drug Topamax (topiramate) has been granted a licence as the monotherapy treatment for epilepsy.

It is indicated in adults and children aged six years and above with newly diagnosed epilepsy who have generalised tonic-clonic or partial seizures with or without secondarily generalised seizures.

Monotherapy for adults and children over 16 years should begin at a dose of 25mg nightly for one week, with a maximum recommended daily dose of 400mg. While for children aged six to 16 years, treatment should begin at 0.5mg to 1mg per kg nightly for the first week.

**For more information:**

Janssen-Cilag

Tel: 01494- 567567.



### Canesten campaign focuses on pharmacist

Canesten Oral will make its debut on national TV next month with a commercial which is set in a pharmacy.

On air during June and July, the campaign will appear during peak viewing hours to reach the brand's key target audience of 18-44-year-old women.

The commercial opens with a woman entering a pharmacy. She clearly asks the pharmacist for Canesten Oral, takes it with a sip from her bottle and gets on with her day to highlight the convenience of an oral treatment.

Libby Crane, Canesten senior brand manager, says: "The campaign was created to give pharmacy the

main focus and highlight the crucial role played by pharmacists."

Bayer has developed a new display unit to support



the brand in pharmacies.

**For more information:**

Laser Healthcare  
Tel: 01202 780588.

### Patch up painful joints

Health Perception is introducing a glucosamine patch which has been developed at the School of Pharmacy & Biomolecular Services, University of Brighton.

GlucOsamine Gelpatch is designed to help bring fast relief from muscular tension and joint discomfort.

The non-greasy patch combines the cooling effect of menthol with the anti-inflammatory properties of horse chestnut.

It is easy to apply and can be worn during the day or night on mobile areas such as the elbow, knee, ankle or foot, as well as flat areas such as the back and shoulders.

**Price: £7.99**

Pack size: five patches  
Pip code: 293-9080  
Health Perception Ltd  
Tel: 01252 861454.

### Benadryl<sup>®</sup> HAYFEVER MONITOR

For free pollen alerts text **\*POLLEN** to 85080\* or log on to [www.allergyadvice.co.uk](http://www.allergyadvice.co.uk)



### Toning up with L'Oreal

Just launched in Boots is a new 'multi-tonal' hair colour system which will be available to independent pharmacies from July.

L'Oreal says it hopes to create a new segment in the permanent home hair colorant market with the launch of Couleur Experte.

'Multi-tonal' natural-looking colour is produced in two steps – firstly, colour all over and then harmonised highlights are added. Available in 18 shades, the range is presented in larger format, shimmering red packs (rsp £12.99).

**For further information:**

L'Oreal Group UK  
Tel: 020 8762 4000

### Soft touch for nails

Network Health & Beauty is adding two nailcare products to the Sally Hansen range in the UK.

Soften & Soothe Cuticle Remover has a rich, creamy formula enriched with protein to soften cuticles for pain-free removal.

Insta Dri is a top coat formulated to dry in 30 seconds. It adds shine to nail polish and helps prevent chipping for up to 10 days. The product contains UV filters.

**Price: Soften & Soothe £4.25, Insta Dri £4.95**

Pip code: Soften & Soothe 292-5048, Insta Dri 293-2903  
Network Health & Beauty  
Tel: 01252 533333

### Coty comes out to Play

Coty is adding a fun fragrance to its Exclamation range on June 1.

Exclamation Play eau de toilette comes in a conical-shaped glass bottle in a bright pink and silver carton. A bodyspray is also available.

The launch will be supported by a £500,000 marketing campaign including print and internet

campaigns breaking in June. Eye-catching in-store material features a merchandiser with a flashing light.

**Price: 15ml edt £6.95, 30ml edt £9.95, 75ml bodyspray £2.29**

Pip code: 15ml edt 293-8736, 30ml edt 293-8744, bodyspray 293-8751  
Coty UK Ltd  
Tel: 020 8971 1300.



## Innovation

## Settlers sale

Thornton & Ross has expanded its OTC medicine portfolio with the purchase of the Settlers Antacid range of heartburn and indigestion tablets (excluding Windeze) from GlaxoSmithKline Consumer Health.

## Allergy tree

A Benadryl allergy treatment tree is included in this week's C&D. The tree is designed as an easy reference point to assist pharmacists when selecting the appropriate Benadryl treatment for individual allergy problems.

## Dentists can take it easy

Listerine is back on TV with a £2.7 million advertising campaign.

It shows how dentists' workload can be reduced if their patients regularly use Listerine mouthwash.

In the commercial, the dentists' free time leads to boredom and they occupy themselves with indoor golf, midday snoozing and staring out of the window.

The advertising features the strapline 'Bad for bacteria. Good for gums' and focuses on Teeth and Gum Defence Listerine.

**For more information:**

Pfizer Consumer Healthcare

Tel: 023 8064 1400.

## Taking a balanced approach to feminine care

GlaxoSmithKline is supporting its Lactacyd Femina feminine cleansing range with a £200,000 marketing package this summer.

A new advertising campaign will appear in women's magazines from May until September. It uses down-to-earth language to explain the importance of lactic acid in helping prevent vaginal discomfort.

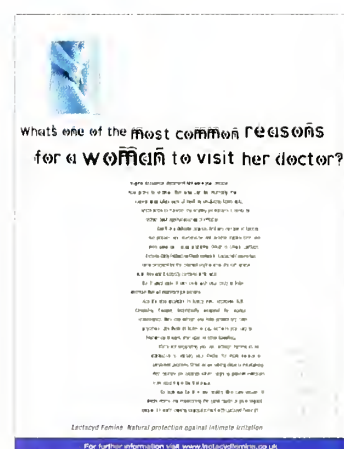
The advertising highlights the brand's role in maintaining a healthy pH balance. It focuses on the recently improved Soft Cleaning Tissues which are individually wrapped, making them suitable for use at work or when travelling.

Sampling activity will be targeted at new mums via Bounty Bags distributed in hospital.

**For more information:**

GlaxoSmithKline Consumer Healthcare

Tel: 020 8047 2700.



What's one of the most common reasons for a woman to visit her doctor?

GlaxoSmithKline Consumer Healthcare

## TVnext week

**Aqua Ban:** GMTV

**Aquafresh:** All areas except U, CTV, GMTV

**Arm & Hammer toothpaste:** All areas except GMTV

**Bodyform:** U, STV, C, HTV, W, LWT

**Eumovate:** Sat

**Imodium Plus Caplets:** All areas

**Just for Men:** All areas

**Kalms:** Sat E4

**Listerine:** All areas

**Lucozade Sport:** All areas except U, CTV, GMTV

**Multibionta:** LWT, C4

**NeutraTaste:** G, Y, C, A, LWT, TT

**Nivea Deo Compact:** All areas

**Piriteze:** All areas except U, CTV, GMTV

**Piriton:** All areas except U, CTV, GMTV

**Pro Plus:** C4, C5

**Ribena:** All areas except U, CTV, GMTV

**Ribena Toothkind:** All areas except U, CTV, GMTV

**Seabond:** All areas

**Seven Seas Pure Cod Liver Oil:** C4

**St Ives Facial Skincare:** All areas except GMTV

**Tena lady & Tena pants Discreet:** All areas except U, GMTV

**VO5 Shampoo:** All areas except GMTV

**VO5 Styling:** All areas except GMTV

**Zantac:** All areas except U, CTV, GMTV

**PharmaSite for next week:** Clarityn – window, Clarityn – in-store, Clarityn – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

## THE PERFECT FORMULA



= Hey baby! Looking good!

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## Report Veterinary Pharmacists' Group Annual Conference

# OFT vet changes are on the way

'Exciting new opportunities in Veterinary Pharmacy' was the theme of the Veterinary Pharmacists' Group Annual Conference in Paignton. *Steven Kayne* reports

Last weekend's conference explored the implications of the Marsh and Competition Commission reports on the prescribing and supply of veterinary Prescription Only Medicines.

John Fitzgerald, policy director at the Veterinary Medicines Directorate, analysed the outcome of the Competition Commission Report, and explained that nine remedies and 11 recommendations had been suggested to deal with the three complex monopoly situations that had been found to exist in the vet POM sector. These included requirements that:

- veterinary surgeons offer prescriptions to clients to enable them to have the medicines dispensed elsewhere if they so wished and to make their POM

charges clearly visible to clients; ● veterinary manufacturers and wholesalers should make their products available to pharmacists at the same prices as veterinarian customers enjoy, and should be in a position to give notice of prices three months in advance.

Mr Fitzgerald said that the OFT had prepared draft legislation to implement the remedies and a three month formal consultation process with stakeholders would follow. He told the audience that the recommendations were the responsibility of the Secretary of State for Environment, Food and Rural Affairs and some could not be decided until the European Review of veterinary legislation is completed, so a firm timescale was difficult to predict.

Nigel Graham, RPSGB head of



The weekend programme commenced with a visit to Paignton Zoo where visitors were shown round the veterinary centre by the on-site vet Ghislaine Sayers (centre). Presumably the endoscope is being used to examine Roger Odd's tonsils

# KICKS PAIN

**Solpadeine** (Solpadeine Soluble Tablets, Solpadeine Tablets) **Presentation:** Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Hemihydrate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. **Uses:** Relief of mild to moderate pain, headache, neuralgia, toothache, sore throat and feverishness, symptoms of colds and influenza. **Dosage and administration:** Adults and children, 12 years and over: Two capsules/tablets or soluble tablets at intervals of less than 4 hours. Not more than 8 capsules/tablets in 24 hours. **Children under 12 years:** Not recommended. Soluble tablets must be dissolved in water before taking. Do not exceed 3 capsules/tablets or soluble tablets in 24 hours without consulting a doctor. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-chronic alcoholism, or in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing preparations. **Warnings:** Not contraindicated in breast feeding. Sufferers from persistent headache should consult a doctor. Solpadeine Soluble: tablet contains 427 mg of sodium - caution with sodium intake. Side effects: Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness. **Overdosage:** Symptoms of overdose should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** PCDI. **Product licence number:** Capsules: 0071/0186, Solpadeine Soluble: 0071/0396. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 12 capsules £2.19, 24 capsules £3.99, 32 capsules £4.89; 12 soluble £2.39, 24 soluble £3.99, 32 soluble £4.89. **Date of last revision:** Oct 2002. Solpadeine is a trademark. 'Habib S. et al, Study of comparative efficacy of four common analgesics in control of post-surgical pain: a double-blind, randomised, oral medicine, oral pathology, 1990 (pp559-563), 'IRI Data MAT Feb '03.



**Report** Veterinary Pharmacists' Group Annual Conference

pharmacy practice, was upbeat about the contribution pharmacists could make to the distribution of veterinary medicines. "We have unique skills that can be applied to veterinary medicine distribution and are well placed to provide advice on zoonotic disease risks," he said.

He outlined a new category of veterinary medicines that the RPSGB Council had agreed to propose. Known as POM (E) the classification should provide a way of supporting the Marsh and Competition Commission's recommendations to increase POM availability. It would contain drugs that need not be administered personally or

directly supervised by a vet and could be supplied in a pharmacy where a pharmacist was available to provide advice and be involved at some point during the sale.

A precise prior diagnosis by a vet should be either unnecessary or have been made previously within an appropriate timescale.

Rory Culliton of Pharmachem, Eire, explained that a similar classification was available in Ireland and included a number of vaccines. It was working well, he said.

Dudley Gradwell of Janssen-Cilag gave his opinion that manufacturers should not see any difficulties arising from implementation of the

recommendations that could not be resolved, and he welcomed the entry of pharmacists to the market.

However, the complicated system of retrospective rebates and discounts might need to be simplified to enable cost prices to be determined at time of sale in line with the recommendations.

Rob Morris, Intervet, identified areas in the veterinary market that might be exploited by pharmacists including parasitacides, vaccines and possibly some drugs for chronic conditions.

Dr Michael Jepson described the curriculum for the RPSGB diploma, which is to be relaunched in a modular format early in 2004.

Dr Steven Kayne described a new text book entitled *Veterinary Pharmacy* that would be available in October.

The National Pharmaceutical Association's Trefor Williams and Michelle Styles told pharmacists that they should keep pressure on manufacturers to supply veterinary medicines and promote themselves to take advantage of



**Trefor Williams encouraged pharmacists to make the most of opportunities provided by pet care**

the opportunities provided by involvement in pet care.

The NPA provides guidance to members with a pet medicines resource pack that describes essential aspects of pet medicine supply and through the *Supplement* and *NPA Review*.

"We have unique skills that can be applied to veterinary medicine distribution and are well placed to provide advice on zoonotic disease risks."

**Nigel Graham, RPSGB head of pharmacy practice**

# FAST.



Paracetamol, codeine, caffeine

Throbbing headache, backache, period pain and even migraine. With the painkilling strength of codeine and paracetamol enhanced by the action of caffeine, Solpadeine Soluble provides powerful pain relief in only 15 minutes.<sup>1</sup>

No wonder Solpadeine is the UK's No.1 selling pharmacy-only pain reliever.<sup>2</sup>

# POWER TO HIT PAIN WHERE IT HURTS.



The pharmacy is in the front line for providing advice on scalp health. Marilyn Sherlock, chairman of the Institute of Trichologists, looks at common disorders and treatments

## Going to your

The pharmacist is likely to be asked for advice on scalp conditions for several reasons.

- Dermatologists are few in numbers, in relation to the population of this country, and are therefore under heavy pressure constantly. They obviously have priorities and some time limits are laid down by the government – dealing with skin cancers for example. Inflammatory skin disease and scarring disorders need fairly urgent attention. These obviously take precedence, leaving scalp and hair very low on the list of priorities.

- It is also the case that many people consider hair and scalp disorders to be 'cosmetic', and therefore prefer not to take up their GP's valuable time.

- The hair and scalp are not covered by compulsory study when GPs go through medical school. It is not generally a subject that they deal with in any detail. For this reason, scalp problems are rarely examined in depth, unless they are severe.

The pharmacist is therefore in the front line (where the NHS is concerned) for advice on the subject. The Institute of Trichologists specialises in disorders of the scalp and hair in a private capacity.

The most obvious problem that will occur within the pharmacy is the impossibility of close examination and questioning of the individual, thereby ruling out the opportunity of differential diagnosis.

The treatment of scalp disorders is more difficult than elsewhere, simply because the area of skin is covered in hair. This can cause cosmetic problems for the patient where application of creams is necessary on a regular basis. It is also one reason for the failure of the patient to treat with regularity.

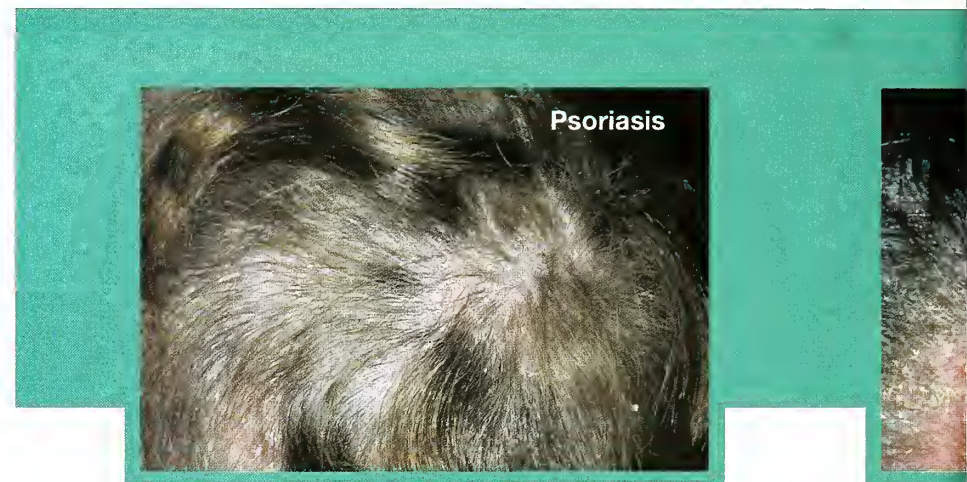
The application of creams or ointments at home is also a problem for the elderly or disabled. It is a useful suggestion to ask if a friend or neighbour can assist in this.

### Psoriasis

Psoriasis is a genetically inherited problem, commonly seen on the scalp, where there are no other lesions on the body. Stress seems to be a contributory factor.

**Presentation:** very small, silvery white scales, with erythema of the scalp beneath. The patient commonly complains of intense pruritus.

**Treatment:** this is normally treated with shampoos containing tar, but a shampoo



containing salicylic acid in combination with tar may be more useful. The scaling can also be helped with the use of Aqueous Cream BP, applied to the scalp overnight. This softens the scale and assists in its removal when washing. Shampooing has to be carried out the next morning for obvious cosmetic reasons.

**Prognosis:** this condition can be controlled with treatment but not cured. Hair is sometimes lost but will normally recover after treatment.

occlusion (waxes and gels), is useful, as these can exacerbate the condition. Hair is always lost from the areas where the plaques form, but re-grows spontaneously after removal.

### Seborrhoeic eczema

The cause of this condition is unknown, but there appears to be a genetic inheritance factor.

Once suffering from this condition, it is exaggerated by the consumption of alcohol and spicy foods, as both these will increase the secretion of sebum. It presents at any time in life, but commonly during teenage years or middle age, during hormonal change. **Presentation:** the scalp is erythematous, and the scaling is often very large and commonly yellow in colour. It may present on either oily or dry scalps.

There is commonly erythema around the nasolabial folds and frontal margin, in the anterior vertex area. **Treatment:** regular (daily) washing is of very great value. This will often be of great help where the product used is not medicated, but perfume free. Products for sensitive scalps can be of great benefit with this condition when used daily. Where the condition is severe treatment with ketoconazole may be useful.

### Pityriasis capitis (dandruff)

**Presentation:** small white scales accumulated on the scalp. The scales are usually diffuse rather than localised. While *pityrosporum ovale* is normally present, it is debatable as to

**"The most obvious problem that will occur within the pharmacy is the impossibility of close examination and questioning of the individual"**

### Pityriasis amiantacea

This condition is closely related to psoriasis in its origin. It is very difficult to treat at home with normal non-prescription products.

**Presentation:** there are similar lesions to psoriasis present, but there are also very thick crusts of white or yellow scale which attach to the hair, trapping it to the scalp surface.

**Treatment:** is with keratolitics (Cocoi may be useful), and tar-based shampoos.

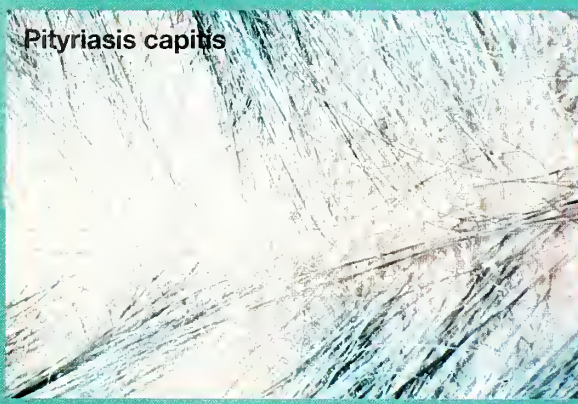
**Prognosis:** as with psoriasis, this condition can only be controlled. The heavy plaques can be controlled by treatment in the early stages.

The avoidance of hair products that create

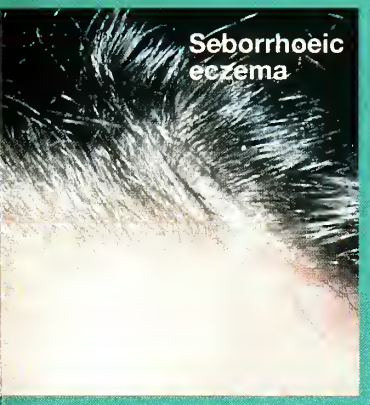


# head

**Pityriasis capitis**



**Seborrhoeic eczema**



**Pityriasis amiantacea**



whether it is the cause of the condition, or in fact, secondary to the condition.

**Treatment:** shampoos that slow epidermal turnover are useful, such as selenium sulphide. Zinc pyrithione, which controls yeasts, may be of use, and also ketoconazole. Where one fails, another may well be successful.

## Scalp conditions requiring immediate referral

In general, where there is erythema and scaling accompanied by patchy hair loss, a referral to a dermatologist will be required. Examples are: *Tinea capitis*: *Microsporum canis* is the most common cause of this condition. It should be noted that tinea is presenting with increasing regularity in the inner cities. Whilst accurate diagnosis of this is not possible within the pharmacy, the pharmacist should be aware of the facts, due to its contagious nature.

**Lichen planopilaris:** this condition is one of the more common of the scarring (permanent hair loss) disorders of the scalp. It presents as patchy hair loss and inflammation of the individual hair follicles. Diagnosis can only be confirmed with a biopsy. Referral is again urgently required in order to prevent ongoing permanent hair loss.

## Products that may cause irritation of the scalp

All cosmetics are, of course, a possible irritant to a very small number of people. In general, the hair cosmetic industry invests large amounts of resources in producing products that are harmless to the majority.

**Hair conditioners:** currently there is a

popular trend to use (or misuse) these products for the removal of head lice.

This treatment does not, of course, kill the lice. It has to be used very methodically. Its use, for 30 minutes a day, every day for one month, is claimed to remove all the lice as they hatch. This extremely demanding process, which is unlikely to be done correctly if there is more than one child infested within the family, commonly fails abysmally.

What it does sometimes achieve, inadvertently, is a contact irritant dermatitis of the scalp. Manufacturers spend a great deal researching into the safety of their products. When used correctly, their safety is rarely in question. However, as hair conditioners are not designed to be left on the scalp for such long periods of time, or so regularly, it is not surprising that scalp problems sometimes occur as a result of the above treatment, which is generally unsatisfactory.

**Permanent wave lotions:** in general, ammonium thioglycollate does not cause allergic dermatitis. It is possible that a mild contact irritation can be set up, which is normally very temporary. This happens as a result of over saturation of the scalp on application of the product and for that reason is far more common in home perms than those used in the salon. The simple reason for this is the difficulty of application.

The acid wave permanent wave lotions are sold as being 'more gentle' on the hair. These contain glycerol monothioglycollate and are much more likely to cause allergic reactions.

The neutraliser in these products is a combination of conditioners and low (6 per cent) peroxide, and does not normally cause

any problems to the scalp. **Permanent and semi-permanent colours:** while there is much media coverage of the few cases where these products cause serious allergic reactions to para-phenylenediamine and similar chemicals, the actual numbers are very low. Mild irritant dermatitis may sometimes occur.

There is a confusing array of product types on the market, which is not always clear to the consumer. For example, it is a common mistake to believe that the semi-permanent colour is unlikely to cause problems simply because it eventually washes or fades away.

As a general rule, those products that require mixing with peroxide, (sometimes called a developer), can possibly cause both irritant dermatitis and allergic dermatitis. With all these products, the manufacturer advises a skin test prior to application – advice that is commonly ignored, regrettably.

**Bleaches:** rarely cause allergic reactions. However, they do occasionally produce scalp burns which occur when the product has been left in contact with the hair too long, or where the processing of the hair has been carried out using a heat source, which accelerates the process.

**Hair straighteners:** products sold for the chemical straightening of the hair are, for obvious reasons, in greater demand in areas with a high black population. It should be noted, however, that Europeans also sometimes choose to straighten curly hair, so the use of these products is common.

The chemical used for European hair is once again ammonium thioglycollate. For afro-Caribbean hair it is usually sodium hydroxide or if labelled 'no lye', is normally potassium or lithium hydroxide. All three are extremely caustic, and can cause scalp burns. Because the product has to be evenly applied and then removed, all within 20 minutes, problems with chemical burns may occur with home use.

**Use of minoxidil in conjunction with permanent tints:** minoxidil occasionally causes contact eczema, and is most commonly seen in women suffering from androgenetic alopecia, who use it regularly, but who also have a permanent tint regularly carried out. This causes intense pruritus and scaling.

The advice here is to stop either the minoxidil or the colour. Most women in this situation are reluctant to give up either, and will take a very great deal of convincing.

For more information: The Institute of Trichologists, tel: 08706 070602.

Continued on page 31 ►



# With this issue

Your pharmacy assistants will never forgive you if you don't pass on this week's copy of *Over the Counter*. They won't want to miss:

- Product news and features
- Chances to test their knowledge



AND



The chance to win a  
**FORD KA**  
courtesy of Nestlé Build Up Nutrition

The prize KA may differ in specification from the model shown

Over the Counter – now there are even more reasons for your staff to read it!

## DON'T MISS IT!



# Keep it all up top

The pharmacy may be the first port of call for advice on specific problems, but it's a different story when it comes to buying everyday haircare products.

**Sarah Thackray reports**

Whether true or not (and it may well not be), there is a consumer perception that the supermarket will be cheaper than the local pharmacy for everyday haircare products.

Multiple grocers have grabbed a commanding chunk of the overall haircare market and are particularly strong in shampoo and conditioner sales. Competitive price promotional activity has fuelled a value decline in haircare sales. Shampoo is now increasingly sold on offer, with frequent promotions such as 'buy one, get one free'.

Consumers tend not to be strongly brand loyal in this market, purchasing whichever brand is on offer.

The value of the haircare market in pharmacies is declining in all the main sectors, according to market analysts Information Resources.

The shampoo sector is now worth £14.2 million in pharmacy (a value decline of 8 per cent over last year) with Neutrogena being the number one brand.

Within the conditioner market, it is

innovative products such as scrums that are helping to drive sales as customers continue to search for a product that fulfils their needs.

Sales of conditioners have fared better than most on the pharmacy haircare shelves with the £8.3m sector witnessing a 3.8 per cent value decline over the last year. Vitapointe has knocked Pantene Pro-V off its number one spot.

Styling aids are the most buoyant sector of the haircare market – primarily driven by constantly changing fashion trends. Styling products like gels are performing better than any other sector on the pharmacy shelves and have only declined by 1.6 per cent in the last year. Gels are the most popular format, with Wella Shockwaves Gel being the top selling product in the £10.4m pharmacy styling aid sector.

Although still the biggest haircare sector in pharmacy, sales of hair colorants in pharmacies have seen value sales slide by over 10 per cent in the last year. Media coverage surrounding concerns about certain chemicals in hair colorants is likely to have injected some consumer cautiousness into purchasing these products.

Clairol Nice 'N' Easy is still the best selling colorant and Live Unlimited has performed well, taking it into the top five brands.

In comparison to colorants, the £3.5m highlighters, bleaches and

**Styling aids such as Brylcreem UltraGel (above) are the most buoyant haircare sector**

lighteners sector has seen a smaller value decline of 6.4 per cent in pharmacies.

Jerome Russell B Blonde is the top seller, followed by the Wella Hair Streaking Kit.

Hairspray has seen the biggest value decline with a drop of over 11 per cent in pharmacies in the last year. Elnett retains its position as the best selling hairspray.

Mintel forecasts slow value growth in the total UK haircare market in the future. A recent Mintel report predicts that there will also be increased segmentation in the market with products, and even whole ranges, devoted to particular hair types, such as coloured, fine and hair that gets greasy quickly.

High levels of new product development and an increasingly crowded fixture are expected to continue to be features of this market.



## Top pharmacy haircare brands

### Shampoo

1. Neutrogena
2. Head & Shoulders
3. Pantene Pro-V
4. Clairol Herbal Essences
5. Elvive

### Conditioners

1. Vitapointe
2. Pantene Pro-V
3. Elvive
4. Clairol Herbal Essences
5. Alberto Balsam

### Hair colorants

1. Clairol Nice 'N' Easy
2. L'Oreal Recital
3. Garnier Belle Color
4. Just for Men
5. Live Unlimited

### Highlighter/Bleach/Lightener

1. Jerome Russell B Blonde
2. Wella Hair Streaking Kit
3. Clairol Born Blonde
4. Sun In
5. Clairol Highlights

### Hairspray

1. Elnett
2. Silvikrin
3. Bristows
4. Harmony
5. Pantene Pro-V

### Styling Aids

1. Shockwaves Gel
2. Brylcreem Cream
3. Amami Setting Lotion
4. Brylcreem Gel
5. Wella Hairset

Source: Information Resources value sales in chemists excluding Boots 52 w/e 23 March 2003



# Product news

Keyline Brands is widening the distribution for its Thicker Fuller Hair range into more independent pharmacies this year.

Previously exclusive to Boots, the hair thickening range is designed to add volume and strength to fine, thin, limp and fragile hair. All seven products are formulated with Cell-U-Plex – a natural thickening solution which combines vitamins, plant extracts and proteins.



Key product in the range is Instantly Thick Thickening Serum (rsp £6.95, 100ml). The range also includes Revitalising Shampoo, Moisturising Shampoo, Weightless Conditioner, Volume Boost Spray, Full of Volume Mousse and

Volumising Hair Spray (all retailing at £4.95). Keyline Brands Ltd, tel: 020 8893 5333.

This summer sees the launch of two new men's styling products in the recently relaunched Brylcreem range. Brylcreem Reshaper products are designed to be more flexible than a gel and give better hold than a wax. Reshaper Gum gives the hair a textured effect and matt look while Reshaper Putty leaves the hair with shine and adds definition to the style. Both products retail at £3.99. Sara Lee Household and Body Care UK, tel: 01753 523971.



The Oilatum itchy dry skin and scalp treatment range has an eye-catching new look to aid consumer selection. The brand's new logo features a bright blue 'pool' motif on a clinical white pack with the product format (shampoo, cream etc) displayed prominently.

Stiefel Laboratories has produced a series of free advice leaflets on treating dry, itchy skin problems. A pharmacy pack comprises 20 copies of *Stop Scratching Your Head* and *All about Childhood Eczema* plus samples. Stiefel Laboratories (UK) Ltd, tel: 01628 524966.

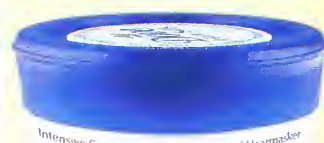


The range is being supported by TV and press advertising and a poster campaign featuring Aloe Serum for frizz control. Lever Fabergé, tel: 020 8439 6100.



With men now accounting for up to a third of current users of Sun-In Spray In Hair Lightener, a men's variant – Super for Men – has just been launched.

Sun-In sprays have all been reformulated with a new fragrance and a conditioning system containing aloe and chamomile to enhance shine and manageability. The Sun-In range has fresh new packaging featuring a colour matrix as a guide to typical results. Retail prices are £5.35 for Lemon and Gentle and £5.65 for Super and Super for Men. Chattem UK Ltd, tel: 01256 844144.



**Dove**  
Hair Silk  
Affect - Zijde Effect

Dove Hair products are being backed by an £11 million marketing programme as part of a total £38m spend on the Dove brand this year.

Newest additions to the range are Anti-Dandruff Shampoo (rsp £2.59) and Intensive Conditioner (3.99).

The range also includes shampoos for normal hair, dry/damaged hair, coloured hair, normal/greasy hair and a 2 in 1 variant plus three conditioners – for normal hair, dry/damaged hair and coloured hair.

The Dove Hair marketing campaign will include poster and press advertising. Lever Fabergé, tel: 020 8439 6100.



The Hair Clinic at John Bell Croyden in London's West End has specialised in hand made hair and scalp products for over 14 years and is making two of its products available to other pharmacies.

Anagen hair growth stimulant and shampoo (rsp £29.95) and X-tra Hair (rsp £9.95) are both part of the clinic's Top Secret range.

Anagen scalp stimulant is formulated to act as a magnet, attracting the blood circulation to the follicles. It is complemented by a frequent use shampoo formulated to improve blood circulation prior to the use of the stimulant.

X-tra Hair is an instant hair thickening spray designed to cover thinning and balding hair. Top Secret Ltd, tel: 020 7224 4640.



## Conference UKCPA

## Potential for peer support recognised

Pressures within the NHS often prevent people from participating in, or gaining access to, education and training as often as they require.

Lynne Bollington, All Wales Principal Pharmacist, Education, Training and Personal Development, winner of the Wyeth Education and Training Award, recognised that lack of top down delivery of courses within her Trust meant devising other methods of supporting pharmacists on wards. Her study focused on the use of untapped expertise among colleagues and peers who tend not to be recognised as resources for learning opportunities.

Within the CPD cycle, pharmacists often find the reflective phase difficult, especially when they find learning deficiencies or areas where there might be knowledge gaps. The use of peer support, where learning takes place completely divorced from any appraisal process, was piloted in the study.

In other healthcare professions, especially nursing, peers are used in all sorts of informal and formal ways, eg during hand-overs, briefings, shadowing and re-accreditation. There is plenty of evidence of its use in professions which work regularly as a team.

Opportunities for study were recognised as being poor, so informal support was utilised more. However, this varied both on their pharmacists position in the management structure and geographically; remote satellite departments felt isolated and couldn't discuss aspects of their clinical practice easily with colleagues. Exclusion was also felt by those in mixed management and clinical roles.

"We were working towards people not just being able to show their strengths but be comfortable with saying 'well actually, I'm not sure what I'd do in this situation, can anyone suggest something?' and actually expose their weaknesses – which I think is more powerful as it promotes a culture where people can show their weaknesses without any stigma being attached," said Ms Bollington.

## An in'flu'ential campaign

"Preparation is probably the most important consideration when developing services," according to George Downie, Trust Chief Pharmacist, Grampian Primary Care NHS Trust, giving a presentation on community pharmacy supply of influenza immunisation.

"If careful, detailed consideration is given to a project, the outcomes are more likely to be successful," he said as the winner of the 2003 UKCPA/UniChem Award. This was presented for innovation within the community/primary care sector, for a project investigating the provision of influenza immunisation from a community pharmacy in Aberdeen.

His results showed that 98 per cent of patients felt vaccination administration by the pharmacist was performed equally as well as by other professions and they would use the pharmacy to receive vaccinations in the future. 73 per cent felt it was a more convenient venue and 54 per cent appreciated the convenient timings offered.

Twenty four GP practices responded to a questionnaire relating to the service: two-thirds were very supportive of the scheme and happy for it to continue or extend.

The pharmacists involved felt that the service promoted the role of community pharmacy and enhanced their image with the general public as well as their acceptance into the multi-disciplinary healthcare team.

The aim of the scheme was the development of a new model for influenza immunisation that improved the uptake of the vaccine in 'at risk' under 65-year-old patients. It was felt that providing the service from community pharmacies would develop a new role for pharmacists and increase patient choice. From conception to implementation took around 18 months; this time was utilised in gathering evidence to support the need for the service as well as planning and resourcing it.

Preliminary investigations undertaken in the Grampian area identified around 38 per cent of patients considered to be 'at risk' as not having received flu immunisation and 52 per cent happy to have the vaccine



George Downie is presented with the 2003 UKCPA/UniChem Award by Zeba Rajali-Dehkordi of Pharmacy Alliance

administered at the pharmacy by the pharmacist. The idea was further supported by *The Right Medicine - Strategy for Pharmaceutical Care in Scotland, 2002*, which stated that "in the future, working under patient group directions, pharmacists could administer flu vaccinations, thus relieving pressures on GP practices".

The preparatory phase involved negotiation with GPs within the area, production of an influenza and an adrenaline PGD, training in injection technique and anaphylaxis, organisation of nurse support and extension of liability cover. In addition, pharmacists administering the vaccine were immunised against hepatitis B. Laminated flowcharts and support materials were provided as aid memoirs for pharmacists undertaking this service to ensure that all stages in the procedure were covered and service standards were maintained.

Facilities within the premises were stipulated; availability of a private area, couch, sink, waiting room, recovery area and clinic booking system were necessary in order to participate in the provision of the flu immunisation scheme.

Appropriate documentation made available to the pharmacists included a patient consent form, patient questionnaire and an influenza record card to update patient records within GP surgeries. 'At risk' groups identified for this study were those with diabetes, renal disease, respiratory disease, heart disease and immunosuppressed patients.

Publicity for the scheme was a key element in the high uptake by patients. Health promotion posters were developed and distributed to community pharmacies and other venues.

Local radio and press coverage, local and national TV coverage as well as coverage within the pharmaceutical press assisted in the process of informing patients and carers about the service. During the 12 clinics that were run at lunchtimes and on Saturday mornings, a total of 56 patients were vaccinated. Immunisation targets for the region had improved from 65 per cent to almost 70 per cent in the year that the scheme was run.

Mr Downie hoped that this study would be 'in'flu'ential in developing innovative pharmacy practice and 'injecting' diversification into community services. He acknowledged the joint UKCPA/UniChem award by suggesting that it is a very good way of providing valued support for service development within the primary/community sector.

Catherine Dewsbury of the Royal Pharmaceutical Society congratulated Mr Downie, stating that his project was a wonderful way of demonstrating how pharmacists can contribute to the broader public health agenda in an innovative way by helping meet public health targets and having a positive impact on patient care.

*The UK Clinical Pharmacists Association held its spring conference in Warwick from May 9-11.*

### About the UKCPA

Are you interested in becoming a member of the United Kingdom Clinical Pharmacy Association? Log onto [www.ukcpa.org](http://www.ukcpa.org) or telephone Pat or Marie on 01116 277 6999.

The UKCPA hosts a variety of joint awards relating to areas of practice development, education and training, palliative care, thrombosis and patient safety. If you have done some innovative work expanding the role of the pharmacist in a clinical/community setting, take the plunge and submit your work for an award.



# Classifiedads

**Appointments** £27.00 P.S.C.C. + VAT minimum 3x1.

**General classified** £18.00 P.S.C.C. + VAT minimum 3x2.

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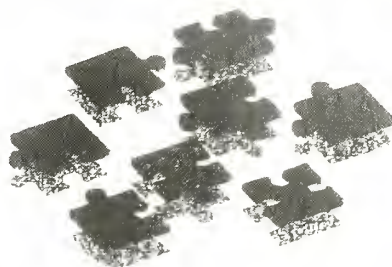
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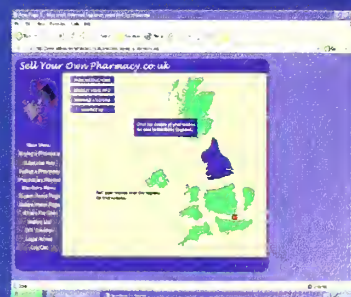
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## Chelsea parasols, not umbrellas

While it was a case of ducking the downpours, two gardens at the Chelsea flower Show captured our attention this year.

The first, the Cancer Research/Atrixio Outlook show garden aimed to showcase Cancer Research UK's "cutting edge research and provide a positive message for people living with cancer". A subtlety of the design was the inclusion of shade-loving plants which are intended as a metaphor for people living with cancer who are still able to thrive and live a fulfilling life.

Atrixio supported the garden by providing the estimated 170,000 visitors with a plant list, design



**The Cancer Research/Atrixio Outlook show garden with a theme of shade and vitality**

details and samples of the hand cream. It was also encouraging celebrities to help create a tree of

life at the garden by placing their handprints on a canvas wall-hanging of a leafless tree.

The other garden of note for *C&D* readers was the Garnier Ambre Solaire Artist's Garden, in the city garden category.

With a Mediterranean feeling, the garden included the cactus *Selenicereus grandiflorus* (also known as Queen of the night or night-blooming cereus) as it has been found to be a significant source of a sun protection compound.

Extracts are included in the Garnier Ambre Solaire Sun Protection range.



**The Garnier Ambre Solaire Artist's Garden which won a silver medal, delighting the company and designer Judith Glover, who was exhibiting at Chelsea for the first time. Seated in the garden is Kim Wilde**

## If only...

RPSGB vice-president Dr Gillian Hawsworth, pictured below, was the guest speaker at the recent UKCPA Corporate Member's dinner. She provided dinner guests with a 'chicken soup for the pharmacist's soul' rendition based on Rudyard Kipling's *If*. This is how her version went:

If you can keep the flow of patients steady,  
And make sure that they're not waiting very long.  
If you can give each script your full attention,  
And check it, noting anything that's wrong.

If you can put the doctors right at dosage,  
And repeat prescription writers in their place,  
When they have made the same mistake as last month  
And it's you that's got the patient face to face.

If you can organise yourself to cope with –  
Busy surgeries and phone calls; there's a knack  
When you're thrown with quite a few repeat prescriptions,  
10 items each and they're not calling back.

And the shop is packed with patients waiting for you,  
As are dosette boxes ready to be checked,  
When the old folks' home sends down its weekly order,  
And the methadones are lined up to inspect.

If you can smile and settle someone's query,  
And not panic as the pressure starts to climb,  
Then you're a better pharmacist than I am,  
And you're welcome to my job, at any time!



## Christmas comes but twice a year!

Although you may want to warn people in the front row "it's behind you", the ugly sister and his/her(?) fellow pantomimers were dressed up in a good cause, to present a cheque for £1,000 to the North Devon Hospice.

The money was raised in part at the AlphaPharma Christmas pantomime, Cinderella, to which the AlphaPharma social club contributed further. AlphaPharma is celebrating its centenary this year.

North Devon Hospice spokesman Kate Fox said the hospice has had a long-term association with AlphaPharma and was very grateful for its support.

"The show was a tremendous success and I am glad that everyone, both cast and audience, enjoyed the performances. The hospice's specialist care and support is provided free of charge, so this money will help us make a real difference to hundreds of North Devon people every year."



**Pictured presenting the cheque are, from the left: Samantha Beaumont from AlphaPharma (Fairy Godmother); Ted Teape (North Devon Hospice patient); Sue Stidwell (NDH patient); Keith Shaddick from AlphaPharma (Ugly Sister); Damelza Green from AlphaPharma (Cinderella); Pat Prosser (patient); Charles Sheldrick from AlphaPharma (Prince Charming)**



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All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

**For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269**

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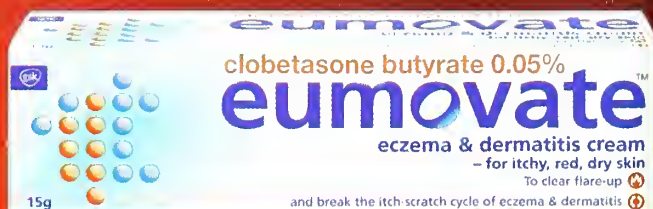


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**References:** 1. Pagnès P. *Chronica Dermatologica* 1984; 15: 734-41. 2. Caramia G, Bizzarri V, Gregorini S et al. *Curr Ther Res* 1985; 21: 213-24. 3. Peroni A, Nigro M, Schena D. *Clin Trials J* 1985; 14: 373-80.

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improve in the first 7 days or becomes worse, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should be advised to consult a doctor. To be used in children under 12 years only on the advice of a doctor.

**Contraindications:** Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g. candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris. **Precautions:** Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of eczema or dermatitis

as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic dermatitis. Consumers should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis.

**Pregnancy and lactation:** Use only on the advice of a doctor. **Side effects:** Hypersensitivity. Exacerbation of symptoms. **Legal category:** P. **Product licence number:** 10949/0346. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 15g tube £5.49.

**Date of preparation:** May 2003.



# over the COUNTER

## ***Iron failings***

Avoiding anaemia  
in pregnancy

## ***Travellers' tales***

Four holidaymakers in  
need of advice

## ***Painful truths***

Oral and topical pain relief

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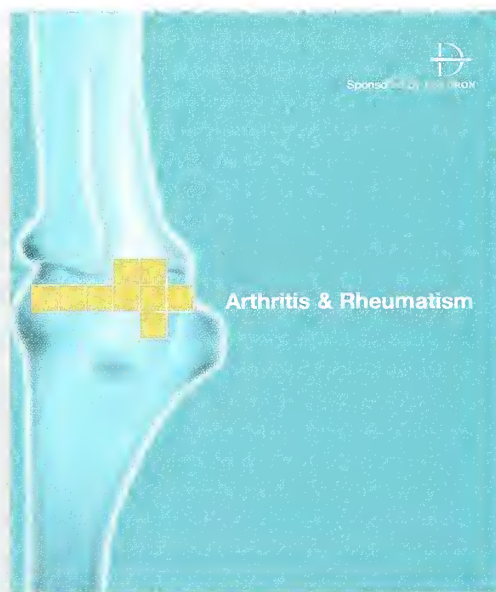


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# CONTENTS

35



## 16 Painful truths

Mary Allen looks at oral and topical analgesics

## 27 Iron failings

Sarah Purcell on anaemia in pregnancy

## 31 Travellers' tales

Jeremy Clitherow advises four types of holidaymaker

## 35 Digital future

Ailsa Colquhoun on photo opportunities in the pharmacy

## 4 Counter talk

Pharmacy news

## 8 On the counter

Product news

## 39 Behind the counter

Verity copes with a plague of locums and no manager

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Published by CMP Information Ltd

Sovereign Way, Tonbridge, Kent

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Telephone: 01732 37457

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## BEAUTY COUNTER

## 21 It's a tough job...

Lesley Keen brings you the lowdown on some of the latest products she has tried

## 22 Hair force

With big hair back in vogue this summer, we look at what's hot and what's not in style and colour

WIN!

A Ford Ka with Over The Counter and Nestlé Build-Up Nutrition



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## Warnings customers must take on board

News that Lloydspharmacy has removed sun products under SPF15 from its shelves started me wondering where to draw the line on personal responsibility.

Boots worries that if it followed Lloyds' example and there was nothing available in its stores under SPF15, then that is what some people would use – nothing.

I do feel Boots has a point, especially in the light of the Malibu research reported in our last issue which revealed that an alarming number of Brits don't use any sunscreen at all on holiday.

Consumers have never been made more acutely aware of health issues via the media. We all know the dangers of smoking, yet the take-up rate is alarming, especially among young girls. We have never been made more aware of the damage caused by sun exposure – yet on the first warm day

of the year fair-skinned souls start stripping off, hellbent on turning brown by the end of the day.

If people choose to ignore health messages, whose fault is that? Certainly not that of the scientists carrying out research, health professionals spelling out the message or the media which relays it to a wider public.

As responsible healthcare professionals, pharmacists and their staff go out of their way to promote safety and responsibility, but the consumer has to take responsibility too – by listening to clear, educated, impartial advice and using the recommended products as directed. After all, there won't be a pharmacy assistant on hand on the beach to rub in the Factor 30! Or could there be openings for peripatetic sunscreen dispensers? If so, I bag the Maldives!

*We have more details of the Over The Counter Awards in this issue. Last time, I promised a memorable prize for one reader who sends in a voting form. Well, as prizes go, they don't come much more memorable than a car, so turn to page 7 to see what Over The Counter Nestlé Build Up Nutrition has in store....*

### Nivea races for life

Nivea has joined forces with Cancer Research UK for several initiatives this year.

The brand is associate sponsor of the 10th anniversary of Race for Life, where women of all ages take part in 130 races across the UK. It is estimated that 300,000 women will take part in the 5km races between May and July.

Nivea will have a branded marquee at 10 celebration races. Nivea For Men is the lead sponsor for Cycle for Life, a series of eight cycle events taking place between June and September, and is giving goodie bags to participants.

If you would like to take part call 08705 134134 for details of Race for Life or 0870 161 1010 for Cycle for Life.



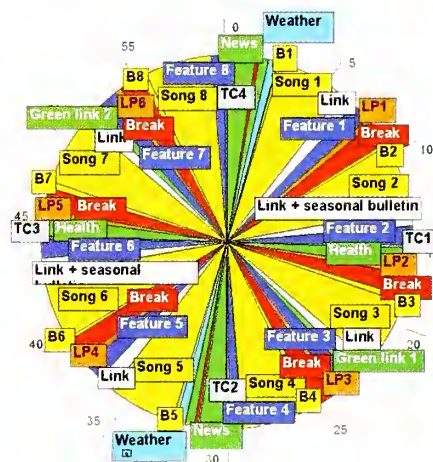
Model Laura Bailey (left) and former *Eastenders* actress Judi Shekoni, in the first race at Battersea earlier this month

## Lloyds goes live

Lloydspharmacy is using radio to get its healthcare advice across to customers.

Lloydspharmacy Live will be on aid for nine and a half hours a day, six days a week, with a mixture of news, music and features on products and professional services.

A half-hour slot from 8.30-9.00am will be dedicated to staff, helping with training and education and giving information about changes and issues within the industry. Topical healthcare issues will be discussed in regular interviews with deputy superintendent pharmacist Nick Mortimer and pharmacy director Andy Murdock.



## Patricia's in for some pampering

The first winner of the Special Treat run by Over The Counter and Orovite 7 is Patricia Withey.

Patricia works at Lloydspharmacy at Easton, Bristol and was nominated by pharmacist manager Rosemary Spencer. The two have worked together for almost 17 years and Rosemary says Patricia's support is invaluable.

"We dispense about 30 methadone prescriptions per day and without Pat's support this task and its problems would be impossible," she told us.

Rosemary did not tell Patricia

that she had nominated her for the treat. "I didn't tell her because I never win anything, but I am so pleased for her," she said.

Patricia, who has one son and four grandchildren, was surprised – and equally delighted. "That's wonderful," she said.

And Patricia and her colleagues will soon be meeting more people as her prize includes a visit from the Orovite 7 stress buster team who will go to the pharmacy to offer Indian head massage and head, back and neck acupressure

massage on the spot.

We were delighted to choose Patricia as our first Special Treat winner as she clearly does a difficult job very well. We have five more treats to give away, and there is still time for you to nominate yourself or a colleague.

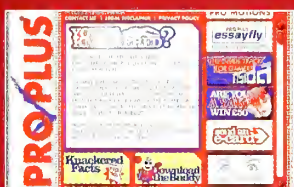
Just send the name of the person being nominated, the pharmacy address and the reason why they deserve a special treat to: Over The Counter/Orovite 7 Reader Treat, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.



## Web Watch

### Yakking to the YAKS

Caffeine supplement Pro Plus has launched a website aimed at helping YAKS (young and knackered) make the most of their waking lives. Charting a raft of aids, from study help to gaming cheats, the site has sections including Essayfly free essay exchange, Inside to help navigate all sorts of games, Are you a YAK? Survey, e-cards, downloads and Knackered Facts.



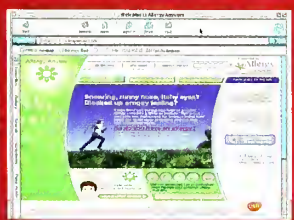
[www.proplus.co.uk](http://www.proplus.co.uk)

### Get the online bug

A new website, BugWatch!, sponsored by the natural insect repellent PreVent, offers advice on how to beat bugs. The site carries an online world map giving details of where different bugs come from and the diseases they are likely to carry. It also advises on preventive measures to keep bugs at bay. [www.bugwatch.info](http://www.bugwatch.info)

### GSK's answers

GlaxoSmithKline is building on its strengths in the hayfever and allergy sector with a new website which aims to provide a comprehensive source of online information on allergies and allergy treatments. The manufacturer of Beco-nase Hayfever, Piriton and Flixonase offers information on understanding your allergy, diagnosis and treatment and gives in-depth information. Pollen information from Europe, interactive games and a competition to win a weekend away are also featured. The site is supported by Allergy UK. [www.allergyanswers.info](http://www.allergyanswers.info)



Joanne Loftus, of Clemitsons Pharmacy, County Durham, was one of three winners of the Care Pharmacy Assistant competition 2002. Joanne is pictured with her award, which was presented by Brian Moodie, of Thornton & Ross

## What a response!

The new look Over The Counter certainly went down well with you if the response to our competitions was anything to go by. An impressive 700 of you filled in your forms and sent them in to us and we were delighted by the response.

In this issue we have more champagne to give away to those who want to test their knowledge; you can still enter yourself or a colleague for a Special Treat and there's a chance to keep yourself well protected in the sun with a Delph sunscreen freebie.

Last, but by no means least, there's the chance to win a Ford Ka, courtesy of Nestlé Build-Up Nutrition. Yes, one lucky reader of Over The Counter will have the chance to drive away in a brand new Ka. Turn to page 7 to find out more.

And here are the winners from the last issue:

**Test Your Knowledge Cetragen:** Audra Carr, of AM Clark Ltd, Penistone, Sheffield. **Test Your Knowledge Malibu:** Vera Lewis, of W Ben Evans, Newport, South Wales. **Test Your Knowledge Elastoplast:** Karon Maguire, of West Midlands Co-op, Walsall. **Test Your Knowledge Aller-eze:** Kelly Millman, of Lloydspharmacy, Seaton, Devon.

**Test Your Knowledge IBS:** Sukhwinder Dulai, of BDS Pharmacy, Parkhall, West Midlands.

Our March Freebie offered the chance to win Seven Seas NeutraTaste SportFlex capsules and the winners were: Melissa McClelland, of Belfast, B.A. Harcombe, of Asda Pharmacy, Rotherham; Sally Mortleman, of Boots, Sevenoaks; Mrs Margaret Edwards, of Rowlands Pharmacy, Wrexham; Miss C. Fitzgerald, of O'Brien's Chemist, Liverpool; Mrs T. Taylor, Olton Pharmacy, Solihull; Julie Jones, Boots, Ryde, Isle of Wight; Marion Miller, of National Co-op Chemist, Kincardine, Fife; Julie Nadin, of Moss Pharmacy, Colchester; Lyn Borrow, of Reem's Pharmacy, Harrow Weald; B.E. Severn, of Ravenshead, Nottingham; V. Nicholson, of Colmans Ltd, Manchester; Clare Wright, of Glastonbury; I. Sawyer, of Paydens Chemist, Aylesford; Felicity Avann, of Hurley, Berkshire; Usha Shah, of Honeycomb Pharmacy, Chertsey, Surrey; Mr J. Poole, of Rowlands, Wallasey; Heidi Campbell, of Plympton St. Maurice, R. Razzo, of Lincoln Co-op Chemist, Lincoln; Melissa James, of Fishguard Pharmacy, Fishguard; Naomi Haldane, of Boots, St. Albans; Kate Walker, of Huddersfield; Sukhwinder K. Dulai, of BDS Pharmacy, Walsall; Shenu Barclay, of Old Coulsdon.

## Can you spot the Yeast Vite customer?



Mrs Blake is 32, has two children aged one and three, she regularly visits the pharmacy for advice about her family's health. Recently she has complained of feeling tired most of the time and lacks energy when trying to look after the children.

Here is a typical customer who could benefit from the recommendation of **Yeast Vite Tablets**. Yeast Vite is a gentle pick-me-up that brings speedy relief from tiredness and has a unique formulation, containing Vitamins B1, and B2, and B3 (Nicotinamide) together with caffeine.

The retail price for **Yeast Vite Tablets** (GSL) 24s, 50, 100s is £2-092.15, £3-353.45 and £4-995.15. Further information is available from the licence holder: Thornton & Ross Ltd, Huddersfield HD7 5QH.





# Build Up your customers

**B**uild-Up Nutrition from Nestlé has joined with your favourite magazine Over the Counter to support the exciting 2003 Pharmacy Assistant Over the Counter Awards. And to show you just how much we value the work you do, Nestlé will be providing a star prize of a Ford Ka to the winning Pharmacy Assistant of the Year.

The **Build-Up Nutrition** range can be recommended with confidence to all your customers who need to improve their nutritional intake. It might be a customer who has lost their appetite or one who simply needs a nutritional boost. The **Build-Up Nutrition** range provides protein, calories and essential vitamins and minerals in an appetising drink, with a choice of flavours.

There are milky drinks in four delicious flavours – **Strawberry, Chocolate, Vanilla and Banana Build-Up Nutrition**. Plus a range of wholesome soups – **Chicken, Potato & Leek, Vegetable and Tomato. Instant Hot Chocolate** has recently been added to the range and simply needs hot water to make a yummy drink – full of goodness.

In fact **Instant Hot Chocolate** tastes so good, we would like to give you the chance to try it for yourself, just write to Build-Up Nutrition/JSPP, FREEPOST SEA 5194, Kingston upon Thames, Surrey KT2 5BR.

Or telephone 0800 000030 for a free sample of Build-Up Hot Chocolate and a free Build-Up pen.



If you think an elderly customer might benefit from Build-Up Nutrition, you could ask some of the following questions:

- Have you eaten less than normal over the past three months?
- Do your clothes feel looser now than they did three months ago?
- Do you feel as though you've lost weight over the past few months?



# The Over The Counter Awards

– vote for the best  
and you could WIN  
a Ford Ka with  
Nestlé



**O**ver The Counter and Nestlé Build-Up Nutrition are getting together to recognise the best in pharmacy. And if you help us choose the winners, you could be the proud owner of a fabulous new Ford Ka, courtesy of Nestlé Build-Up Nutrition.

The Over The Counter Awards will be particularly valued because they are voted for by the people who spend their working lives meeting customers and selling and recommending the products to meet their needs. And just as the Ford Ka has caused a stir in the world of motoring, so we want you to start thinking now about the companies and the products which are making their presence felt in pharmacy.

The Over The Counter Awards will span six categories:  
**1 OTC medicine launch of the year** – the medicine which has best met the needs of your customers. It could be a hayfever remedy, a cough and cold medicine, an NRT product, an analgesic or something completely new and different.

**2 Beauty launch of the year** – the beauty product which has had customers beating a path to your door. It could be the 'wonder' skin cream which really does work a minor miracle, the foundation which turns back the clock or any of the host of other new products arriving in-store.

**3 Advertising campaign of the year** – it may be an eye-catching trade campaign which made you take notice of a new product or gave a new twist to an old favourite or it may be a consumer campaign which sent customers flocking to the pharmacy.

**4 Supplement of the year** – we all know how committed many consumers are to boosting or maintaining their wellbeing with dietary supplements, but which new



launch has proved most popular and successful in your pharmacy?

**5 Pharmacy education campaign of the year** – which company or brand has best helped you to increase your knowledge and serve your customers better?

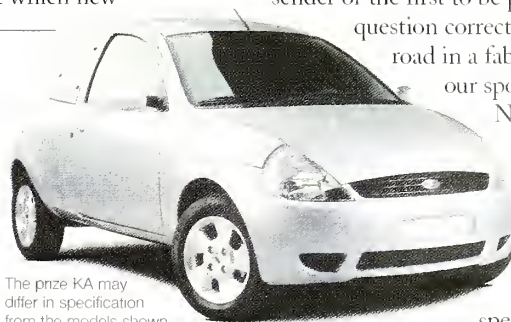
**6 Pharmacy assistants' choice** – now it's over to you to choose the product, the brand or the company which has had the greatest positive impact on you, your pharmacy and your customers.

In each category, the product or campaign must have been launched between September 16, 2002 and the closing date for entries, which is September 15, 2003.

We'll be inviting manufacturers and their representatives to enter for the awards in the next issue of Over The Counter and there will be several opportunities in coming issues for you to vote for the Pharmacy Assistants' Choice. An independent panel of pharmacy assistants will choose the finalists in each category and you'll see the shortlist in the November issue. Then in January it's time to vote for pharmacy's best and answer a simple question to be in the running for that brand new car.

The Over The Counter Awards will go to the finalist in each category who receives most votes. All the voting forms will then go into the Over The Counter hat and the sender of the first to be pulled out and to answer the question correctly will be taking to the open road in a fabulous Ford Ka courtesy of our sponsor, Nestlé Build-Up

Nutrition. We're sure you will be as keen as we are to reward innovation and education in pharmacy, but if you need an extra incentive, there can't be a better one than the Ka's own special brand of stylish motoring.



The prize Ka may differ in specification from the models shown

closing date with the qualifying question

answered correctly.

4 Responsibility for insurance and road tax for the prize vehicle will be that of the winner.

5 The editor's decision is final and no correspondence will be entered into.

6 Proof of postage is not proof of receipt by CMP Information.

7 Entries are restricted to one per person. Where more than one person employed in the pharmacy wishes to enter, the entry form may be photocopied.

9 The prize must be taken as stated, no cash alternative is available.

#### RULES AND CONDITIONS OF ENTRY

The usual CMP Information competition rules apply. For a copy of these, please write to Over The Counter, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. In addition, the following rules apply. The competition is open only to pharmacy assistants who must be employed full-time or part-time in a UK pharmacy at the closing date. Employees of CMP Information, Nestlé, Ford and JSPR and their relatives are not eligible to enter. The winner of the Ford Ka will be the sender of the voting form which is drawn first on the



# on the COUNTER

## Niquitin CQ helps racing kick the habit

With a total ban on tobacco sponsorship in sport due to come into force in the EU 2006, Niquitin CQ has become the first NRT brand to sponsor a Formula One team.

The deal with the BMW Williams F1 team was unveiled at the Imola Grand Prix in April.

Mark Dickinson, marketing manager for the brand, said: "We want to make giving up smoking using Niquitin CQ more aspirational and Formula

One provides a perfect means to that end. Niquitin CQ gives smokers the support they need to give up smoking in the same way that the best Formula One driver needs the support of his team in order to win."

BMW Williams team boss Frank Williams said: "With the impending ban for tobacco sponsorships looming, it seems highly apposite that a smoking cessation

brand is taking its place."

**GlaxoSmithKline Consumer Healthcare,**  
**Tel: 020 8047 2700.**



### briefs

#### Solar survival

Fenton Pharmaceuticals is introducing six new products in the Delph sun care range this summer. The new additions include a travel size sun lotion (50ml), after-sun gel, after-sun with tan extender, self tanning lotion, bronzing gel and SPF2 spray sun oil. All feature the brand's new 'Solar survivability' logo.

**Trinity Sales and Marketing,**  
**Tel: 01753 864455.**

#### Speedy Senokot

New Senokot Direct Relief Suppositories 4g Glycerol (pack of six, £2.99) are formulated to provide fast, predictable relief from constipation in 15-60 minutes. Senokot Direct Relief will be featured in press advertising throughout June and July.

**Reckitt Benckiser plc,**  
**Tel: 01482 326151.**

#### Arnica ease

New from Nelsons is Arnileve (30g, £4.29), a cream formulated for aches and pains, cuts, grazes and bruises. It contains arnica, hypericum, ruta grav and symphytum.

**Nelsonbach,**  
**Tel: 0800 289515.**

#### Up your nose

Medisana Bionase, a hayfever treatment from Israel, is being launched into the UK to help relieve symptoms of nasal allergies without medication. Battery-operated Bionase (£79.99) uses phototherapy which protects the nasal mucous membrane against the various causes of allergy.

**Medisana Healthcare UK Ltd,**  
**Tel: 0207 237 8899.**

## Dosing device

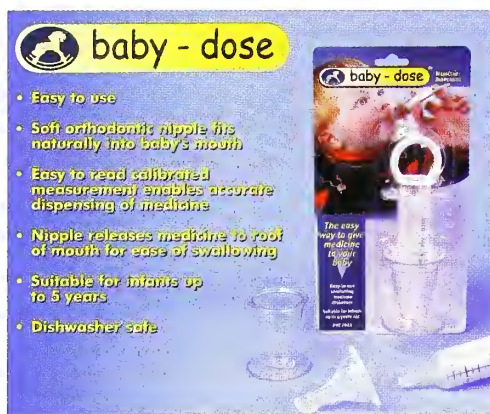
Baby-Dose, a dispenser designed to administer liquid medicines to infants and children under five, is being rolled out in the UK following countrywide testing.

Produced by C&P Medical Trading, the product has an orthodontic nipple and a calibrated measuring cup from which the medicine is drawn up into the main body of the dispenser before being placed into the infant's

mouth and administered.

Baby-Dose (£2.64) can be taken apart and washed in hot soapy water or a dishwasher.

**C&P Medical Trading,**  
**Tel: 01225 707188.**



## Nappy release

New from Forest Laboratories is Baby Botanix nappy cream spray.

Enriched with aloe vera, lavender and chamomile to help soothe sore, irritated skin, Baby Botanix (100ml, £3.99) has a light, non-greasy formulation which creates a barrier against irritants and wetness. The spray offers a quick and easy way to apply nappy cream.

The company says the launch is in response to consumer demands for more natural baby care products and believes it will stimulate growth in the nappy sector.

A marketing campaign will include point of sale materials.

**Forest Laboratories UK Ltd,**  
**Tel: 01322 550550.**



## Natural way to remove hair

HealthAid's new and improved Depilatory Range has been formulated using natural ingredients for

safe, harmless and effective hair removal.

The products – wax strips, facial strips, hot wax, hair removal cream and two types of bleaches – are hypoallergenic and free from additives. They promise smooth skin for six to eight weeks.

Retail prices are £2.49-£9.99.

**Pharmadass Ltd,**  
**Tel: 020 8426 3400.**





# Avent adds a touch of magic

Avent is introducing three new products to its skincare range for mothers and babies.

All-in-1 MagicCream (£4.99) for babies can be used on the face and body to moisturise, soothe dry patches and help prevent and heal rashes.

Future Mother Sleep-Easy Essence (£5.99) is formulated to soothe mums-to-be into a more restful sleep and help relieve nausea. A few drops may be added to a pillow or a tissue.

Soothing Nipple Cream (£4.99) is designed to moisturise, protect and heal the nipples. The hypoallergenic cream contains medilan (a pure, medical grade lanolin),

aloe vera and coconut.

The nipple cream will be supported by literature and sachet sampling in mother-to-be packs and will be in-pack in all

Avent breastfeeding products.

All pregnant mums will receive samples and information on Future Mother Skincare and Sleep-Easy Essence.

**Avent, Tel: 01787 267000.**



## briefs

### Stand up routine

Lotil cream has been repackaged into an easy-squeeze plastic tube. The cream rehydrates dry skin and also contains antiseptic, antibacterial and antifungal properties. It can also be used in place of soap to clean and moisturise. Lotil retails at £1.99 for a 30ml tube, £2.99 for a 50ml tube and £5.49 for a 114ml jar.

**Trinity Sales & Marketing, Tel: 01753 864455.**

### Warts and all

Passion for Life Healthcare is running its first TV advertising campaign for its Wartner wart treatment. The ads are on terrestrial and satellite TV highlighting the fast-acting power of Wartner, which is a one-application treatment based on the liquid nitrogen freezing method used by doctors and chiropodists.

**Passion for Life Products Ltd, Tel: 01372 847272.**

## New formula to dissolve heartburn

New Zantac 75 Dissolve with ranitidine is the first OTC H2 antagonist in soluble tablet form.

The tablets dissolve into a soothing and cooling drink and one tablet gives relief for up to 12 hours. Targeted at frequent sufferers of heartburn, typically ABC1 consumers aged 40-65, Zantac 75 Dissolve reduces acid at source and is also indicated for the prevention of indigestion and heartburn

associated with eating and drinking.

The company is supporting the brand with a £2.4 million multimedia campaign, including a national press campaign.

Each tablet contains 75mg of ranitidine and Zantac 75 Dissolve retails at £7.89 for 24 tablets (P) and £4.29 for 12 (GSL).

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.**



## Learning about Flixonase

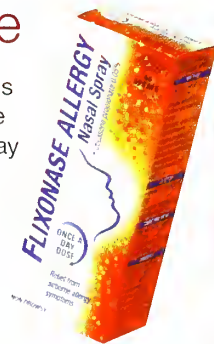
GlaxoSmithKline is backing Flixonase Allergy Nasal Spray with pharmacy education, point of sale material, an allergy website and TV press and poster advertising.

Training sessions are being carried out with major pharmacy chains and GSK representatives can arrange sessions for groups of local pharmacies and provide POS material.

TV advertising runs throughout the hayfever season, supported by national newspaper advertising and posters in major conurbations.

Flixonase targets early and late phase hayfever symptoms and is designed for sufferers of moderate to severe symptoms.

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.**



### Colgate takes a bite of the sensitive sector

New Colgate Sensitive Toothpaste is clinically proven to bring fast and soothing relief from sensitivity with a fresh, minty taste.

It contains potassium salts to calm tooth nerve ends and give long-term protection against sensitivity. Colgate says the blue and white striped paste not only protects against cavities and freshens breath but also contains an advanced whitening ingredient.

The launch is being supported with a multi-million pound communication programme including TV advertising, a billboard poster campaign and national consumer sampling.



# on the

## Zirtek's OTC solution for kids



UCB Pharma is expanding the Zirtek Allergy range with Zirtek Allergy Solution.

The new 'P' product, containing cetirizine, is targeted at children over the age of two. It is formulated to control allergy symptoms, helping children obtain quick relief from hayfever or pet, dust or skin allergy.

Zirtek Allergy Solution (75ml, £5.99) has a pleasant flavour

and is sugar-free and non-sedating.

The launch is being supported by a women's press advertising campaign targeted at mothers. The advertising is part of a £1 million campaign for the Zirtek Allergy brand which continues in June. The campaign includes TV and radio advertising.

**Laser Healthcare,**  
Tel: 01202 780558.

## briefs

### Kodak value

Exclusive to the pharmacy sector is Kodak's latest offer on Gold 200 film. With 24 exposures for £3.29, consumers save £1.20 on the RRP. The promotion is available in a counter merchandiser holding 20 films.

**Chemist Brokers,**  
Tel: 02392 222578.

### Fighting fit

A summer TV advertising campaign by Calpol shows young children "as every parent wants them to be – fit, healthy and happy and getting up to all sorts". The advert, called 'Fighting Fit' aims to strike a chord with parents.

**Pfizer Consumer Healthcare,**  
Tel: 023 8064 1400.

## briefs

### Getting plastered

Novartis Consumer Health is launching a range of Savlon plasters and dressings. Blister plasters contain tea tree oil, while fabric and waterproof plasters have an antiseptic pad to help prevent infection. Hydrocolloid dressings are for cuts, blisters and minor burns, while the highly absorbent alginate dressings help stem bleeding from lightly weeping or bleeding wounds.

**Novartis Consumer Health,**  
Tel: 01403 218111.

### Survival kits

Kleenex Hayfever Survival is re-running its successful on-pack Hayfever Survival promotion this season. Consumers need to collect six box ovals to claim their survival kit – a coolbag containing soothing gel eye mask; battery-operated fan; Twinings Herbal Infusions; Original Source shampoo and shower gel sachets; Wrigley's chewing gum; and a Kleenex Balsam Pocket Pack. The promotion runs until October 31.

**Kimberly-Clark Ltd,**  
Tel: 01732 594000.

### All change

Lichtwer Pharma is introducing a new look for herbal menopause supplements Kira Black Cohosh and Aria Soya Isoflavones. Kira Black Cohosh (30 tablets, £9.99) is believed to help regulate body temperature. Aria Soya Isoflavones (30 tablets, £12.99) contains 50mg of concentrated soya isoflavones, the recommended level for helping a woman's hormonal balance.

**Chemist Brokers,**  
Tel: 02392 222500.

## GSK takes to the road with Allergy Answers

GlaxoSmithKline Consumer Healthcare is launching a new initiative – the Allergy Answers Roadshow – to inform, educate and entertain consumers during the hayfever season.

The company says the roadshow – visiting Manchester, Leeds, Bristol, Leicester, Southampton and Thurrock – will provide a boost for the category and a platform for the company's allergy portfolio which comprises Piriton Tablets and Syrup, Piriteze Tablets, Beconase Hayfever Nasal Spray and

Flixonase Allergy Nasal Spray.

An exhibition stand features four sets, each showing a room or area with common allergy triggers such as feather pillows, pets, sink mould and pollen and a pharmacist will be on hand to discuss allergies and advise on treatment. Visitors completing a questionnaire will receive a free *Mr Sneeze and his Allergies* book and will be entered in a prize draw to win a weekend break.

**GlaxoSmithKline Consumer Healthcare,** Tel: 020 8047 2700.

## Medised launches Infant size



Medised, from SSL International, is launching a new Infant pack size of 140ml (£3.99), which replaces Medised Sugar Free Colour Free 140ml and Medised Original 140ml.

The brand is now available only in Infant format in 100ml (£3.39) and the new 140ml size.

Medised Infant contains paracetamol – for relief from mild to moderate pain – and diphenhydramine, a mild antihistamine. The strawberry-flavoured formula is free from alcohol, colour and sugar and is suitable for babies from three months.

**SSL International,**  
Tel: 0161 654 3003.





# Cambridge Counterpart

## Pharmacy Assistant Development



The articles overleaf are taken from the eighth module of the revised Cambridge Counterpart training course for pharmacy assistants. Module 8 is on bowel disorders and covers topics including constipation, irritable bowel syndrome and coeliac disease.

This is just a sample of the course to show you how it is structured. To meet the Royal Pharmaceutical Society's standards for medicines counter assistants you will need to register for the course. You can sign up using the form below. Everyone who registers for the revised course will receive a free folder to store their coursework.

Cambridge Counterpart is a 14-part modular distance learning course that covers everything you need to know to work effectively on the medicines counter. Counterpart is brought to you by Chemist & Druggist and Wyeth Consumer Healthcare.

### Test your understanding – sample questions

Only tick the boxes that are correct statements or correct answers to customer questions.



1 Those suffering from coeliac disease should include gluten-containing products in their diet. ☐



2 You should refer someone asking about a baby with diarrhoea to the pharmacist. ☐



3 Irritable bowel syndrome is more common in men than woman. ☐



4 "Beans, peas, cabbage and cauliflower are best avoided if you have irritable bowel syndrome." ☐

### How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Post your completed form, with a cheque payable to CMP Information Ltd, to Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

### Registration Form

For further information or to pay by credit card, call Mary Prebble on 01732 377269.

|   |                 |
|---|-----------------|
| Pharmacist  | _____           |
| Pharmacy  | _____           |
| Address   | _____           |
|   | _____           |
|   | _____           |
|   | Post Code _____ |
| Telephone Fax                                     | _____           |
| Course registration fee of £35.25 per person      |                 |
| Name  | _____ £         |
| Name  | _____ £         |
| Name  | _____ £         |
| Name  | _____ £         |
|   | Sub total £     |
| Please include ( ) sets of modules at £23.50 each | £               |
| All prices include VAT                            | Total £         |



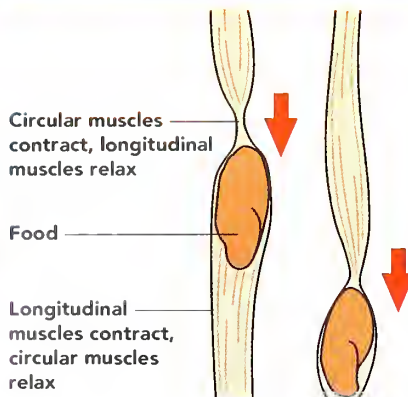
## 8.2 DIARRHOEA



**I** The most common cause of diarrhoea is bacteria and viruses in food and drink. The main aim of treatment is to prevent dehydration by replacing the fluids lost. Babies, in particular, can soon get dehydrated so should be referred to the pharmacist. Advice on treatment and when to refer to the pharmacist was given in module 1.4.

Diarrhoea may also be caused by medicines such as antibiotics and antacids containing magnesium.

## 8.3 IRRITABLE BOWEL SYNDROME



**I** Irritable bowel syndrome, which used to be known as spastic colon, is a disturbance in the way the smooth muscle of the intestine works. It is more common in women than in men.

Symptoms include diarrhoea or constipation or both, wind, bloatedness, rumbling, loss of appetite and nausea. The muscle spasms cause pain.

The exact cause is unknown but many people can trace its onset back to a stomach upset, a course of antibiotics or a period of stress. Lack of fibre in the diet, hormonal changes and intolerance to certain foods can be to blame and anxiety tends to make the symptoms worse.

**T** **Treatment:** It is best to consult your pharmacist on the most appropriate treatment, unless the customer has had previous advice from a doctor or pharmacist. A doctor's diagnosis is needed to exclude other conditions.

Increasing dietary fibre and using bulk laxatives can help the constipation but may make wind and bloating worse. Although bran was once recommended, recent research shows it can make symptoms worse. Other laxatives should be avoided as they can trigger diarrhoea.

Antidiarrhoeals such as loperamide may be recommended if diarrhoea is a problem.

Peppermint oil, available in capsules which discharge their contents in the intestine, helps to decrease wind.

The painful spasms may be reduced with alverine citrate or mebeverine hydrochloride, antispasmodics which are targeted specifically to people with irritable bowel syndrome. Alverine must not be given to children under 12, or pregnant or breast feeding women. Mebeverine should not be used in children under 10 years or in pregnant or breastfeeding women. If symptoms persist for more than two weeks, refer to pharmacist or doctor.

Hyoscine butylbromide has also been used in stomach cramps but, because of its possible side effects, you should consult your pharmacist before recommending it, unless the patient has previously taken it on a doctor's advice.

**A** **Advice:** Some foods, such as eggs, wheat, coffee and citrus fruits, may make the symptoms worse but it is wise for sufferers to seek a dietician's help before cutting out suspect foods. Gas-forming foods such as beans, peas, cabbage and cauliflower are best avoided. Eating plain live yogurt helps to restore the balance of beneficial bacteria in the gut. Regular exercise, yoga and relaxation classes may reduce stress. Hypnotherapy may be useful.

**R** **Refer to pharmacist:**

- If you think the customer may have irritable bowel syndrome but it has not been diagnosed by a doctor.
- As under Constipation (8.1).

## 8.4 COELIAC DISEASE



**I** This is a condition in which gluten – a substance present in wheat, rye, barley and oats – damages the intestine so that nutrients are not absorbed properly. The symptoms include vomiting, diarrhoea, weight loss and tiredness.

**R** Previously undiagnosed customers who report these symptoms should be referred to the pharmacist.

**T** Treatment includes a gluten-free diet, so make yourself familiar with the gluten-free products your pharmacy can offer and be aware of which are available on NHS prescription.

## 8.5 INFLAMMATORY BOWEL DISEASE

**I** This should not be confused with irritable bowel syndrome. Inflammatory bowel disease includes conditions such as ulcerative colitis and Crohn's disease. Sufferers have regular attacks of urgent diarrhoea, sometimes accompanied by bleeding. Other symptoms include abdominal pain, tiredness and weight loss; vomiting may also occur in Crohn's disease.

**R** **Refer to the pharmacist:**

- Customers who experience these symptoms for the first time.
- Those who have suffered these conditions in the past and are experiencing a return.

**T** **Treatment:** The doctor may prescribe medicines to reduce the inflammation and control the diarrhoea. Patients may have to avoid certain foods which bring on an attack and may also need to take vitamin supplements.



# on the

## Award for Passion

Passion for Life Healthcare has been awarded the prestigious Queen's Award for Enterprise 2003, thanks to the success of Snoreeze.

The award, in the international trade category, recognises the global success of Snoreeze (£12.95), a natural anti-snoring remedy containing a combination of essential oils

and vitamins which coat the soft tissues in the throat to help stop the vibrations which cause snoring.

Passion For Life, which was launched in 1996, saw export sales soar by 226 per cent in the three-year application period.

**Passion for Life Healthcare Ltd, Tel: 01372 847272.**



## Aquafresh takes to the water

A new TV advert for Aquafresh marks a 'bold new direction both for the brand and for the oral care category', says GlaxoSmithKline Consumer Healthcare.

The animated ad, which has been nicknamed Aquatastic, uses computer generated graphics to create a blue underwater world, and includes visuals reflecting the brand's red, white and blue stripes.

The keywords 'fresh', 'clean' and 'protects' punctuate the marine images and the main, easily-understood message is that 'Aquafresh delivers a great, invigorating sensation for your mouth'.

GlaxoSmithKline says the £2.1 million campaign marks the beginning of a 'significant investment' in the toothpaste and toothbrush brand.

The TV ad will be supported by a high profile launch campaign including a three-month radio campaign.

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.**



## Beconase says 'bee prepared'

Beconase Hayfever is sponsoring the weather on Channel 5, with three slots each day until the end of July.

Four new TV executions show animated, humanised bees discussing pollen and pollen counts. Each has the strapline 'Bee prepared for summer with Beconase Hayfever, sponsors of 5 Weather.'

Beconase is available in a new GSL 100-spray pack (Beconase Hayfever Relief for Adults Nasal Spray, £5.99) plus the original pharmacy-only packs delivering 100 sprays (£5.99) and 180 sprays (£8.99).

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.**

## Zantac is back on screen

The Zantac 75 TV advert, which made its debut in October last year, is back on screen until the end of the month.

The ad features a woman who sees signs or possible triggers of heartburn wherever she goes, with a voiceover explaining how one Zantac 75 tablet can give rapid relief from

rising stomach acid and even prevent it altogether.

The original 30-second TV ad is joined by a 10-second version and a regional radio campaign in Scotland runs at the same time, showing how heartburn can dwell on the



minds of those who experience it.

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.**

## briefs

### Child's play

L'Oreal is launching a children's shampoo designed to help hair to dry quickly. L'Oreal Kids Fast Dry shampoo (£2.49) has a silicone-based formula which enables water to glide from the hair more easily. It comes in two fruit-flavoured variants – for normal/fine hair and for thick, curly hair.

**L'Oreal Group UK, Tel: 020 8762 4000.**

### Younger Mates

Mates condoms are being relaunched with a new look. The new packaging is designed to differentiate clearly between 'standard', 'youth' and 'premium' products in the range with distinctive variant colours.

**Mates Healthcare, Tel: 020 8481 1800.**

### Going deeper

Dual action ibuprofen gel Deep Relief is getting a £100,000 promotional boost through publications aimed at older people. The advertisements, which include a 50p money-off coupon, are appearing in *Reader's Digest 50+*, *Yours*, *Arthritis News*, *My Weekly* and *People's Friend* from April to July and form the first part of a £300,000 spend for the brand this year.

**Pharma Consumer, Tel: 01202 314824.**

### Smooth operators

From next month, a free sample of new Oilatum Lotion will be available in packs of Oilatum Bath Formula for a limited period. The lotion is designed for use between baths to keep moisture levels topped up.

**Stiefel Laboratories, Tel: 01628 524966.**



## briefs

### Cool reading

FosterGrant has introduced a new range of ready to wear combination reading glasses and sunglasses (£12.99). The four styles each come in six prescription strengths and offer UVA protection and are distortion-free to allow wearers to read in comfort.

**FosterGrant,**  
**Tel: 01782 833033.**

### Complan relaunch

Complan is being relaunched in a bid to change the brand's image. It will now be targeted at active people aged 55 plus who are in need of energy. The level of vitamins has been increased in the eight existing varieties in the range and a new product – Complan+Oats – has been launched.

**Distributor: H.J. Heinz & Co Ltd,**  
**Tel: 020 8848 2717.**

### Spray away

New Sunblis sunburn relief spray is a cooling, soothing and moisturising spray which is formulated to reduce the pain of mild to medium sunburn and the itchiness of prickly heat. Sunblis retails at £14.95 for a 250ml can.

**Ceuta Healthcare,**  
**Tel: 01202 780558.**

### Meet Oscar

Kodak is offering consumers a chance to win a VIP trip to the 2004 Oscars in Los Angeles. The offer relates to purchases of various Kodak Pictures services during July and August.

**Kodak Ltd,**  
**Tel: 01442 261122.**

### Gel plasters

Scholl's new 'invisible' Gel Plasters are available for corn and blister treatments. Using Hydra-Gel technology, the plasters absorb moisture from the skin, helping to create an ideal healing environment.

**SSL International plc,**  
**Tel: 0161 654 3000.**

### Poise relaunch

Kimberly-Clark hopes to help remove the taboos surrounding the incontinence market with a relaunch for Poise liners and pads. New packaging aims to 'normalise the category' and imagery of flowers underlines the feminine nature of the brand.

**Kimberly-Clark Ltd,**  
**Tel: 01732 594000.**

## Bubbly campaign for Piriton



Piriton is back on TV until early July with the 'bubble family' commercial first seen last year.

The advert empathises with the distress caused to parents and children by allergies, showing that the family cannot be cushioned against problems all summer. It offers Piriton Allergy Tablets and Piriton Syrup as the solution to family

allergies including stings, hayfever, pet-related allergies and heat rash.

A 30-second advert features both products, while a 10-second version focuses on the adults in the family, promoting the one-a-day tablets.

Piriton Syrup has its own full-colour campaign in the parenting press until the end of July.

**GlaxoSmithKline Consumer Healthcare,**  
**Tel: 020 8047 2700.**

## Germoloids takes a seat



Bayer is supporting Germoloids with its highest ever expenditure in one burst of TV advertising. The TV activity is supported by radio and press advertising, all showcasing Germoloids HC Spray, the only non-touch haemorrhoid spray in the UK.

The TV advertising has peak and daytime coverage and shows a piles sufferer shifting uncomfortably in his theatre seat, annoying people around him. The sound of them whispering "Shhh" is echoed by the sound of the HC spray pump being used.

Educational support is via the Germoloids Piles Advice Line on 0845 6010 901 and website [www.germoloids.co.uk](http://www.germoloids.co.uk)

**Laser Healthcare,**  
**Tel: 01202 449700.**

## Clinomyn in £1 million TV campaign

The new Clinomyn Advanced Stain Removing range is back on TV until the end of June. The £1 million campaign features Clinoman as the toothpaste hero fighting off the stains which can build up, leading to discolouration. Clinomyn Advanced contains Polynam and standard and super silicas which combine to restore teeth to their natural whiteness. The brand is available as toothpaste, gel and 2 in 1 (£2.29 each) and mouthwash (£2.79) to help prevent stains and freshen breath.

**EC De Witt & Co Ltd, Tel: 01928 579029.**



## £3 million boost for Benadryl

Pfizer is spending £3 million on a marketing and advertising programme for Benadryl this year.

The campaign begins with national TV advertising featuring a revamped version of last year's 'Don't let them get away with it' adverts.



Benadryl is also sponsoring GMTV's pollen count forecast throughout the hayfever season and several regional TV pollen forecasts which should total 60 million viewing for the target group aged 16-34.

The Benadryl Allergy Network brings pollen alerts to consumers via email and text messaging and there will be a major GP sampling programme and a mailing of an allergy advice pack to 6,000 UK schools.

**Pfizer Consumer Healthcare,**  
**Tel: 023 8064 1400.**



# Movelat® Relief sponsors the afternoon movie on five



This year, Movelat Relief goes on TV again. Nationwide TV audiences will be reminded of Movelat Relief, boosting awareness of the brand (currently growing at 6.8%, in a market worth £44.28m that's impressive!)\* Sponsorship of the afternoon movie on Channel five will pull customers through your door and increase your profits. Make sure that you order enough Movelat Relief to satisfy demand and remember the 14/10 deal.

## It's enough to make you want to stock up now.

\*BPI. MAT. October 2002

Further information from: Medical Information, Sankyo Pharma UK Limited, Repton Place, White Lion Road, Amersham, Bucks. HP7 9LP.  
Movelat® Relief is a registered trademark.

CT/MR1.1

  
SANKYO



# Painful truths

Pain relief products constitute the biggest category of over the counter medicines in pharmacies, and it can be quite daunting to know all the products and any crucial differences between them. Consultant pharmacist **Mary Allen** helps find a way through the maze



**D**espite the hundreds of analgesics available over the counter, most contain only one of three drugs – sometimes combined with other ingredients. Almost all OTC oral medicines contain paracetamol, aspirin or ibuprofen, sometimes in combination with codeine or dihydrocodeine. Some include ingredients such as caffeine-like substances to give people a lift, or decongestants if they are being marketed for colds and flu. Analgesics are often marketed for specific kinds of painful conditions, although most will, in fact, treat most pain whatever the cause.

## Why is it painful?

Pain is a warning sign that something is wrong. When pain is caused by something external – a hot oven or a sharp knife, for example – you move away from the cause of the pain pretty quickly. High-speed nerves carry messages to the brain, which sends 'move away' instructions to the relevant muscles, prompting the necessary action.

Different types of nerves are involved in letting us know about pain and they work at different speeds, which explains the different kinds of pain we feel. The first type feels sharper and makes us act quickly, while another type is less sharp, lasts longer and reminds us that damage has been done and we need treatment or rest.

Pain is difficult to define or even to measure, as people vary as to how much pain they feel or can tolerate. The amount of pain that people are prepared to put up with can be affected by several factors, including psychological as well as physical ones. For example, some people are brought up not to make a fuss, while others learn at an early age that making a fuss guarantees attention.

## NSAIDs

Aspirin and ibuprofen belong to the group of drugs known as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

As their name suggests, they reduce inflammation at the site of injury.

When injury occurs, the body produces chemicals, including prostaglandins, which are responsible for making damaged

tissue hot and swollen and for sending pain messages to the brain. Prostaglandins also cause feverishness and cramps associated with period pains. Aspirin and ibuprofen slow down the production of prostaglandins by interfering with enzymes involved in their production. Because they are good anti-inflammatory drugs they are useful for muscle sprains and strains, and for the pain of arthritis. They are also ideal for period pains.

While prostaglandins are responsible for pain in inflammation and injury, they also have a beneficial action on the stomach, helping to protect its lining from attack by stomach acid. So, by blocking the enzymes which produce prostaglandins, NSAIDs can reduce this protective effect. In some people, particularly the elderly or those prone to stomach problems, this can result in gastric or duodenal ulcers.

Aspirin and ibuprofen can also cause direct stomach irritation which can result in indigestion or sickness, so they should not be taken on an empty stomach. They can also trigger asthma in rare cases, so always check with customers before they buy. Aspirin has been around for a long time and new benefits are being found all the time – some scientists think it may even help prevent certain cancers.

However, its wide range of actions can also have a downside. You may know that it thins the blood by its action on blood platelets, which clump together to form clots. Older people may be prescribed regular low dose aspirin to help reduce the formation of clots which could cause heart attacks or strokes, but clot formation is the body's response to stop bleeding, so interfering with this can have disadvantages. If someone is at risk of gastric ulceration from aspirin, there is a double whammy in that if an ulcer bursts and starts to bleed, it may go on bleeding.

## Care in children

You will have seen shelf stickers and other notices recently, prohibiting the sale of aspirin for use in children under 16. This extends an earlier ban in the under 12s, after aspirin became associated with a ►

## Do's and don'ts for paracetamol:

- X** DON'T sell more than one pack of 32 tablets without referring the customer to the pharmacist
- ✓** DO check the ingredients in cold and flu remedies so you know which contain paracetamol
- X** DON'T sell two or more products containing paracetamol without referring to the pharmacist
- ✓** DO check if customers are taking prescription painkillers which might also contain paracetamol

Test your knowledge

Sponsored by

Movelat  
Relief Gel

see page 14



A high-angle photograph of several children playing on a green lawn. One child in a yellow and red shirt is lying on their back, while others are leaning over them. The scene is bright and sunny, with trees and a path visible in the background.

# New Calprofen. Knockout sales guaranteed.

Calprofen® is the new ibuprofen from the makers of Calpol®. So no wonder it'll be in heavyweight demand. As long as kids are kids they'll need pain relief from bumps and sprains. Children also love Calprofen's familiar strawberry flavour. In fact they ranked it top in a recent taste test against other ibuprofen suspensions.<sup>1</sup> Recent research also shows that mums welcome Calprofen simply because they trust Calpol so much.<sup>2</sup> And now, if needed, you can recommend co-medication with ibuprofen and paracetamol from within the same range.<sup>3</sup> No wonder Calprofen's sales will just keep on swelling.

<sup>1</sup> Data on file 2002. <sup>2</sup> Data on file 2001. <sup>3</sup> According to SPC recommendation for each product.



Calpol contains paracetamol. Calprofen contains ibuprofen.



## Aspirin and Ibuprofen

- 1 Do** remember that aspirin and ibuprofen can:
  - cause gastric irritation, so should not be taken by people with peptic ulcers
  - cause indigestion so should always be taken with or after food
  - interfere with anticoagulant medicines such as warfarin, so never sell these to customers on anticoagulant therapy
  - trigger asthma in some people, so always ask if the customer has suffered with asthma
- 2 Do** take care with elderly customers - they are more likely to be affected by side-effects
- 3 Do** check that customers aren't already taking a prescription analgesic - this could result in overdosing
- 4 Don't** sell more than one pack of 32 aspirin tablets (or 100 low-dose aspirin) without referring the customer to the pharmacist
- 5 Do** remember aspirin is now banned OTC for under 16s - it can cause Reye's Syndrome.

rare but often fatal condition called Reye's Syndrome, which was found to occur in a small number of children who were given aspirin while they were feverish and in the early stages of an infective illness. Reye's Syndrome results in damage to the liver and the brain and, even when not fatal, usually results in permanent brain damage. The earlier ban vastly reduced the number of cases of Reye's Syndrome worldwide, but since

then some older children have died from it - hence the new ban.

## Paracetamol

Paracetamol is also thought to work at the site of injury, but less is known about exactly how it works. It is not as good as NSAIDs in reducing inflammation, but it works very well in controlling pain, is good for bringing down a temperature and is free from the gastric side effects of aspirin and ibuprofen.

Although safe in normal use, an overdose can cause serious liver damage. The difference between a safe and an unsafe dose is quite small, so always remind customers that they should be alert to the presence of paracetamol in other medicines. For example, they should not take paracetamol tablets and a cold cure which also contains paracetamol.

## Opioids

Codeine and dihydrocodeine belong to the group of drugs known as opioids, which work mostly by blocking pain feelings in the brain. These drugs were originally obtained from the opium poppy and include morphine and diamorphine - prescription drugs used for very severe pain.

Codeine and dihydrocodeine are available in low strengths in OTC medicines, always combined with aspirin, paracetamol or ibuprofen. Look out for anyone buying these

Test your knowledge

Sponsored by

Movelat  
Relief Gel

see page 19

products frequently. Some people get a bit hooked on codeine, and others may be suffering from rebound headaches, which can be a side effect of frequent use of codeine-based analgesics. Always let your pharmacist know about frequent buyers.

## What's new?

Despite the vast number of products on the market, all over the counter products contain only one or two of the drugs mentioned above, so manufacturers keep thinking of new ways to compete in this vast market. New products may be variations on older ones, but some innovations are advantageous if matched to individual need.

Some medicines are made in slow-release form to provide constant pain relief over, say eight or 12 hours, and this can be very useful for chronic pain. Other innovations include tablets which dissolve in the mouth for rapid action and do not need to be taken with

# One topical painkiller up to 5 times more

(Has it sunk in yet?)

ibuprofen





water – these include Disprin Direct (containing aspirin), mint-flavoured Nurofen Recovery, and Nurofen Meltlets Lemon. These are useful for conditions like migraine where fast relief is needed and drug absorption is sometimes slowed down. Soluble analgesics, though not so fast as melt-in-the mouth products, work faster than non-soluble products. For children, Calpol Fastmelts (for over-six-year-olds) which contain paracetamol, can be useful.

## Rub on products

External application products fall broadly into two types: topical NSAIDs and the older rubefacients (counter-irritants).

Although all oral NSAIDs other than ibuprofen and aspirin are restricted to prescription-only, the situation is now quite different for topical NSAID use. OTC products containing ibuprofen have been available for some time now, but have been joined recently by a whole host of other topical NSAIDs including diclofenac, piroxicam, felbinac, ketoprofen, and benzydamine. Many of these are widely used for sports injuries, sprains and strains. They are indicated for muscle and rheumatic pain, fibrositis, sciatica, and unbroken chilblains.

Some products are formulated in alcohol

gels which further help to soothe pain through their cooling effect as they dry or with a counter-irritant to warm and soothe for immediate relief. As well as for application to the skin, some products, including benzydamine, are formulated for topical use in the mouth as in Difflam spray and Difflam Oral Rinse, which can both be used for painful mouths and throats.

Although applied to skin, these products are thought to act systemically and locally – so, although the risks associated with oral NSAIDs are reduced, some drug is absorbed and the risks aren't eliminated. It's not a good idea to use both a topical NSAID and an oral one, so customers wanting to purchase a 'rub' and ibuprofen should be encouraged to use a rubefacient type rather than a topical NSAID.

Rubefacients work partly on the principle of scratching an itch. Most contain low doses of drugs related to salicylic acid such as methylsalicylate (Oil of Wintergreen) with volatile oils such as camphor or menthol which cause the local blood vessels to dilate, increasing blood flow to the area. Capsicum, derived from peppers, is another counter-irritant and has been found very effective for pain of nerve origin. Some topical products contain local anaesthetics such as lidocaine and benzocaine.

Topical analgesics should never be applied to broken skin. ©



Test your knowledge

## Win a bottle of champagne with Over The Counter and

Movelat Relief Gel

Check out what you have learned in our pain feature and you could win a bottle of champagne. Just tick or circle the correct answers to the questions below, fill in your details and send off the form. The first correct entry out of the hat on June 30 will be the winner.

**1 Aspirin and ibuprofen should not be used by people with:**

**a** gastric problems **b** asthma **c** hayfever

**2 Aspirin is linked to Reye's Syndrome and the ban on giving it to children under 12 was recently raised to:** **a** 14 **b** 16 **c** 18

**3 In overdose, paracetamol can cause damage to the:** **a** pancreas **b** heart **c** liver

**4 Topical analgesics fall into how many broad groups?** **a** two **b** three **c** four

**5 If a customer is taking ibuprofen tablets and wants a topical product, you should recommend:** **a** a topical NSAID **b** a traditional rubefacient **c** never to use a topical preparation at the same time as an oral one

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/Movelat Relief, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

# s absorbed effectively

A comparative study\* of topical ibuprofens shows that the unique formula of Ibuleve Gel penetrates the skin's efficient lipid and water barrier, up to five times more effectively than other common topical ibuprofens.

**Ibuleve. Not all topical painkillers are the same.**

**PAIN RELIEF WITHOUT PILLS**



\*Reference: Hadgraft J, et al (2003) Skin Penetration of Topical Formulations of Ibuprofen 5%: An in vitro Comparative Study. Skin Pharmacology and applied Skin Physiology Vol 16, No3, 137-142.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve is also for pain relief in non-serious arthritic conditions. **Contra-indications:** Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers, especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken skin, or where there is infection or other skin disease. Not to be used during pregnancy or lactation. Precautions: Not recommended for children under 12 years without medical advice. If symptoms persist, consult a doctor or pharmacist. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. **[FOR EXTERNAL USE ONLY]**

**Side-effects:** In normal use, side-effects are very rare, but may occasionally include allergic or localised skin reactions in susceptible individuals. **Legal Category:** P Packs: Gel (PL0173/0060) - 30g, RSP £3.89 (£3.31 exc VAT) and 50g, RSP £5.39 (£4.59 exc. VAT).





# Pain relief products

## Movelat Relief Gel

80g

### Icing the opposition

Deep Freeze, the topical analgesic from The Mentholatum Company, is keeping the opposition out in the cold. Deep Freeze Spray is now the top-selling freeze product in value terms and a Mentholatum spokesman said: "Deep Freeze has steadily been gaining market share and the strong performance of Deep Freeze Cold Gel, at number three in the sector, further strengthens the brand."

**Pharma Consumer Care,**  
Tel: 01202 314824.

### Taking the migraine out of life

Migraine sufferers can log on to the interactive Migraleve

website, [www.migraine-advice.com](http://www.migraine-advice.com), which works in conjunction with health professionals to help them monitor and manage their condition.

The site includes a symptom checklist which can help GPs with diagnosis and sufferers who register receive an information pack giving tips on prevention and how to identify the warning signs of an attack.

**Pfizer Consumer Healthcare Advisory Bureau,**  
Tel: 02380 628 274.

### Smooth move for Paramol

Paramol, from SSL International, is one of the strongest oral analgesics available over the counter. Containing paracetamol and dihydrocodeine tartrate, it is available in packs of 12, 24 and 32 tablets.

The new smooth coated tablets were launched last summer and, says marketing manager Nick Thompson, have proved popular with consumers as they meet demand for a product which is easier to swallow.



**SSL International plc,**  
Tel: 0161 654 3000.



### Solpadeine gives pain the chop

Solpadeine, the pharmacy-only pain reliever from GlaxoSmithKline, is on national TV with a new advertisement following a successful trial run in Northern Ireland.

The 'karate' ads show a man and woman taking control of their pain with a number of karate moves. They work their way through headache, back pain, period pain and migraine, showing that two are more effective than one – referring to the powerful paracetamol and codeine formula in Solpadeine.

**GlaxoSmithKline Consumer Healthcare,** Tel: 020 8047 2700.



### Studies show Ibuleve's effectiveness

Two studies have endorsed the effectiveness and speed of action of

Ibuleve, the pharmacy-only NSAID from Dendron.

A new independent study published this year showed that Ibuleve penetrates the skin's lipid and water barrier up to five times more effectively than other common topical ibuprofen products.

Another recent study showed the brand could match the speed and efficacy of pain relief compared with ibuprofen tablets. Ibuleve is also available in a Maximum Strength formulation.

**Dendron Ltd,** Tel: 01923 229251.



### Voltarol and Cancer Research UK

Voltarol Emulgel P is linking up with Cancer Research UK as associate sponsor of a new series of fund-raising runs. The series of 10km runs will be staged in the grounds of stately homes this autumn. The 2003 runs will be at Leeds Castle in Kent, Blenheim Palace in Oxfordshire and Castle Howard in Yorkshire on October 4-5. See [www.cancerresearchuk.org/10](http://www.cancerresearchuk.org/10) for details or call 0870 190 9000.

**Novartis Consumer Health,** Tel: 01403 210211.





# BEAUTY COUNTER

*It's a tough job...*

**Lesley Keen** shares the lowdown on some new beauty products that have recently come her way

**E** editing a health magazine is a hard life. I was pondering that only the other week as I levered myself off the heated massage table in a luxurious London spa, having been treated to half an hour's pampering with the new Ahava Dermud products!

But it did start me thinking. I am often lucky enough to receive samples of new products, so why not write about those I try and give you the inside track?

In each issue, I'll let you know what's come my way in the past few weeks – and give you an honest opinion about it.

First on the list this time are those Ahava Dermud products with mineral-rich mud from the Dead Sea. If you have dry skin, or just want to give yourself a treat, snap them up. They feel great, smell great – and they work! I'm particularly impressed with the foot cream, body milk and hand cream. Since adopting a rescue dog, all the extra washing of hands and bathing of mud-caked canine had turned my hands to sandpaper. But Dermud has soon sorted them out!

Then there's the reformulated Estee Lauder DayWear Plus Multi-Protection Anti-Oxidant range. It comes in a generous-sized pot and has a lovely texture and pleasant, cucumber scent – I thought it smelled like melons, but I won't argue with the Lauder powers that be. It is easily absorbed, leaving my dry skin feeling smooth and moisturised all day.



**Estee Lauder Amber Bronze goes on well and gives a natural glow**

Also from Estee Lauder is the Amber Bronze range. I tried the pressed powder version in the lighter of two duo-tone shades. It's luxuriously silky, goes on beautifully, gives a natural-looking glow – and it comes in a suitably eye-catching bronze compact.

I've also tried the new Aroma Spritzes from Nivea Body. What a lovely idea – and the launch was perfectly timed as the products arrived in the

office along with the mini-heatwave. The flower and fruit aromas are pleasant without being overpowering and the spray leaves skin feeling moisturised and recharged. My favourite was the Refreshing variant with mint and sea minerals.

And what about the new Electric Eyezone Massager from Opal-London? It looks like a cross between a pair of pinhole glasses and the Phantom of the Opera's mask – with batteries! You strap it over your eyes and enjoy the three-fold benefits – gentle massage, the relaxing effect of the pinhole lenses and increased blood circulation from the magnetic therapy. I haven't used it often enough to see if it will get rid of the dark circles under my eyes, but it is surprisingly pleasant and relaxing.

Last but not least, there's Hair Paint from the Ministry of Funk. I'd have loved this in the far-off days of my teens and it's bound to be a success with clubbers everywhere with its dazzling shades of blue, red, pink and purple.

## Carol wins a date with Nicky!

Not surprisingly, the competition in the last issue of *Over The Counter* to win a haircut with Nicky Clarke was a big hit with our readers.

But only one of you could win – and the first correct entry picked at random was sent in by Carol Dart, who works at LA Dowrick in Torquay.

When we phoned to pass on the good news, Carol could hardly believe her luck. "That's wonderful, it's so exciting," she said.

Carol, who has worked at the pharmacy for more than a decade, was particularly delighted to win because, she says, she is desperately in need of a makeover.

"I had my hair short for a long time, but I have been growing it, so Nicky will have plenty to work with," she said. "I shall put myself in his hands."

Carol, who lives a few miles outside Torquay, is mum to two grown-up sons.

We'll be accompanying Carol on her trip to London for her appointment with Nicky at his luxurious Mayfair salon, and reporting on her great new look.



## Weleda turns inside out

There's a rare chance to take a look at Weleda's biodynamic gardens in Derbyshire next month.

The company has been making natural medicines and bodycare since 1925 and the gardens are not usually open to visitors, but on June 29, Weleda is staging Inside Out,

an event which will take people behind the scenes both inside the factory at Ilkeston and outside in the gardens at Shipley.

The 15 acres of organic pasture provide Weleda with almost 300 plant ingredients and the open day will also offer activities, lectures and

demonstrations by health or beauty therapists, pharmacists, doctors, nurses and vets.

There will be a refreshment tent and picnic area, bookshop, children's entertainment, natural body-care shop, medicines shop and pharmacist advice centre and a

shuttle bus service will run between the gardens and the factory.

An entrance fee of £2.00 for adults will be donated to a local medical charity. Inside Out is also the day on which Weleda will unveil its new Wild Rose Facial Skincare range (see page 26).





# Hair force

**Lesley Keen** finds out what's hot in hair this summer – and takes a look at why hair loss is not confined to the male of the species

**B**ig hair is back! That's the message that's coming through loud and clear from the style leaders this summer. But thank goodness it's not the laquered-into-submission version which looks as if it would break if you brushed too hard against a solid object. This is big hair 2003 – just masses of volume and no hard edges. No one is predicting the demise of the poker-straight, 'ironed' styles which have been around for what seems like ages, but those who fancy a change will be pumping up the volume.

Celebrity hairdresser Nicky Clarke defines it as hair which looks as if it has been put up and then let down, a slightly tumbled look.

Essentials, the offshoot of Toni&Guy, also predicts a return of glamour. The salon chain sees lots of layering and texturing on mid-length and shorter hair, "a volumised

mussed up effect" and a comeback for the bob with layering and an asymmetric twist. Heavy, straight fringes with feminine layered cuts, loose curls and controlled waves, messy chignons, and 1970s retro backcombing are among the other trends.

L'Oreal Paris identifies four main looks for women this summer:

Movement means full-bodied glamour a la Catherine Zeta Jones; The Scrunch, a messy, big hair look; Contrast has hair smooth from roots to mid-length and then frizzed and curled; Sleek Chic presents smooth hair drawn back and perhaps softened by a wisp or two around the face.

But if you think that these more relaxed looks mean fewer products on the bathroom shelf – and on the hair – you couldn't be more wrong. These styles can all take just as much

effort as the more elaborate 'dos'.

Customers who want to achieve these looks at home will need the help of some of the highly developed products which are coming from all the main haircare companies – waxes are great for texture and definition, volumising style products help create the appropriate fullness and the new generation of sprays and gels give hold without stiffness.

Those on a budget may be comforted by a recent piece of research which received much publicity and indicated that price is not always a certain indicator of effectiveness in the haircare sector.

## Colour

These days no one needs to commit themselves – and a chunk of their budget – to a colour which they loathe as soon as ►





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IN ECTO®  
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[www.hintofatint.com](http://www.hintofatint.com)





the stylist has finished the blowdry.

Many of us keep salon colour for a special occasion and content ourselves with a DIY application at home and there is a wealth of products on the market which allow customers to try a colour and choose a temporary, semi-permanent or permanent option.

If you know the temporary colour will be gone after a few washes, you can afford to be experimental and go for something brighter and bolder than you would choose if you had to live with it for weeks.

For no-commitment colour, customers can shampoo in a shade which will be gone about three washes later or create wild looks with hair paints and mascaras which wash right out when the party's over.

Semi-permanent colours last for about six to eight weeks, while permanent colours are there for good, growing out with your hair. But remember, the length of time the non-permanent colours last is only a guideline and

depending on the condition or hair type and whether it is already coloured, the effects can last a shorter or a longer time.

Nicky Clarke sees summer 2003 as a time for blondes to be more buttery and brunettes take on caramel or chocolate tones, while Essensuals is opting

increasingly reluctant to wear a parting because it seems to be getting wider and wider?

According to Regaine, Pharmacia's treatment for hereditary hair loss, which is now available for general sale, around two million women in the UK suffer from hair loss.

However, Lamberts Healthcare, the name behind the hair supplement Florisene, puts the figure much higher, saying almost five million women suffer from chronic telogen effluvium (CTE) – often seen as an increase in the number of hairs lost when shampooing.

Thinning or receding hair is often wrongly attributed to a range of factors including too frequent shampooing, having hair permed or coloured or even wearing a hat. Whatever the cause, hair loss – clinically known as alopecia – can affect both sexes at any age. Though it is less common in women, the incidence increases with age.

Regaine says that, overall, half the hair loss experienced by women is genetic, but other causes include hormone imbalances, illness, stress, medication, dieting, immune system disorders or damage to the hair.

And Florisene says that among menstruating women, CTE is the main cause of hair loss.

There are a number of different types of hair loss:

● **Alopecia androgenetica** is the most common in women and is also known as hereditary hair loss, female pattern baldness or common baldness. The

process is gradual, with women likely to complain about widening of hair partings and increased shedding.

● **Diffuse alopecia** shows up as gradual thinning rather than the formation of bald areas and may be caused by thyroid problems, severe illness or after childbirth.

● **Alopecia universalis**, where hair is lost completely all over the body, is uncommon.

● **Alopecia areata** is seen as small, round bald patches which can join to form one bigger patch.

● **Telogen effluvium** sees excessive shedding of hair and is associated with various illnesses, medication, rapid weight loss, anaemia, stress or pregnancy.

● **Hair loss** can also be caused by scalp ringworm, as a side effect of chemotherapy or by the habit of constantly pulling out the hair.

## Hair loss can affect **both** sexes at any age

for blondes with pink and beige tones or silvery metallic looks, with tobacco and biscuit shades for darker hair and a phasing out of contrasting high or lowlights in favour of subtle undertones of colour. But there's still room for the adventurous, with vibrant flame and tangerine coppers blended with spiced saffron.

### Losing your hair

But what if you'd love big hair, but it's out of the question because you've noticed lately that your hair is nowhere near as thick as it once was and you're



### Things you may not know about hair...

1 Hair is found all over the body, with the exception of the palms of the hands and soles of the feet.

2 The adult human body has, on average, five million hairs, only 100,000-150,000 are found on the scalp.

3 The number of hairs you have on your head varies with hair colour. Blondes have the most with around 140,000 and redheads the fewest at about 90,000.

4 By the age of 35 almost 40 per cent of men will

experience some degree of hair loss.

5 As many as 50-100 strands of hair may be lost from the scalp each day with gentle brushing and shampooing.

6 Baldness 'cures' over the years have included:

- a mixture of wine, rose or lily essence and other oils
- placing a cowpat on the head
- putting chicken or dog

- droppings on the head
- electric shock treatments
- hanging upside down to increase the flow of blood to the head.



### Hiding the evidence

The battery of thickening and volumising shampoos and styling products on the market will help to disguise the fact that someone's hair is not as thick as it used to be and some will opt for wigs, weaves or transplants.

However, over the counter products now offer some hope of reversing hair loss.

Regaine, containing minoxidil, is available as a lotion in Regular or Extra Strengths. It is applied to the scalp twice a day at 12-hour intervals and results may be noticeable in a period of months. Sixty per cent of women using Regaine Regular for eight months saw some hair regrowth.

Minoxidil was originally used as a drug to treat high blood pressure and increased hair growth was one of the 'side effects' which were noticed.

Florisene is a supplement containing iron, l-lysine, vitamin C and vitamin B12 and, says Lamberts Healthcare, it has been shown to correct hair loss in 90 per cent of women with CTE. ©



# Haircare products

## Temporary colours to dye for

Inecto Hint of a Tint colour shampoos are positioned as an ideal introduction to hair colouring. Popular with pre-teens who are experimenting with their looks for the first time, school holidays are a peak sales time for the brand.

The shampoos, which should be left on the hair for five to 15 minutes, last about three washes and contain conditioning and shine

enhancing ingredients. In a choice of eight colours, Hint of a Tint Shampoo retails at £0.99 each.

Inecto's sales merchandising is directed at attracting the attention of teenagers and a range of merchandisers is available from clip-strips to full-size Perspex units.

**Keyline Brands Ltd, Tel: 020 8893 5333.**



## Take a hint of sunshine

Inecto brings a touch of summer to hair and skin with three hint of sunshine products for hair and two for the skin.

Blonding Spray for hair (200ml, £4.29) is a permanent, gentle lightening spray; Blonde Boost Shampoo (150ml, £3.99; 20ml sachet £0.99)

adds sunkissed colour and shine to blonde, fair or light brown hair; Blonde Hair Rescue (150ml, £3.99, 20ml sachet, £0.99) is a deep conditioning treatment.

Self-tanning products for the skin are Beach Babe Tan Spritz (100ml, £3.99) for exfoliated and moisturised skin and Beach Babe Tan (200ml, £4.99; 20ml sachet, £0.99), with aloe vera and chamomile extract.

**Keyline Brands Ltd,  
Tel: 020 8893 5333.**

## Straighten out!

Wella ShockWaves Straightening Cream aims to turn curls into sleek, straight locks. Wella describes it as 'the ultimate straightener for even the most unruly

locks', fighting frizz and adding shine. A small amount is applied to towel-dry hair and combed through evenly, then hair is styled over a round brush while blowdrying. Any flyaway ends can be tamed with a touch more Straightening Cream to finish.

Also for curly hair are ShockWaves Shaping Mousse, Frizz Free Cream and Curl Boosting Spray. The ShockWaves range retails at £3.19.

**Wella Great Britain,  
Tel: 01256 320202.**



## Pump up the volume

Wella Silvikrin 24 Hour Volume Blow Drying Spray is formulated to give longlasting volume, hold and control.

It is sprayed directly into the roots of damp hair, then combed through before blowdrying, which activates the patented formula which gives volume where it is needed. The spray also contains ingredients to protect hair against damage from heat styling and give lasting resistance against humidity to help retain volume. Available in Natural, Firm and Conditioned hold, the spray retails at £2.99.

**Wella Great Britain,  
Tel: 01256 320202.**



## Shampoo in a hint of precious metal

New from Inecto are Hint of Silver and Hint of Platinum toning shampoos.

Hint of Silver helps neutralise yellow tones in grey hair, while Hint of Platinum brightens white or blonde hair and neutralises brassiness.

Both contain Pro-Vitamin B5 and condition as they colour.

Each colour retails at £9.99 for a 150ml bottle.

**Keyline Brands Ltd,  
Tel: 020 8893 5333.**



## New look for Oilatum

Oilatum, the treatment range for itchy dry skin and scalp, has been repackaged.

The Oilatum logo has been given a contemporary look with a blue wavy 'pool' motif against a white backdrop, with the brand

name and product format displayed prominently.

Stiefel Laboratories promises continued heavyweight support through 2003.

**Stiefel laboratories,  
Tel: 01628 524966.**



## Test your knowledge

### Win a bottle of champagne with Over The Counter and

**hint of a tint  
COLOUR SHAMPOO**

Check out what you have learned in our hair feature and you could win a bottle of champagne. Just tick or circle the correct answers to the questions below, fill in your details and send off the form. The first correct entry out of the hat on June 30 will be the winner.

- 1 One of the key looks for summer is:  
a Poker-straight hair b big hair c Afro perms
- 2 Temporary hair colours wash out in about:  
a one shampoo b two shampoos c three shampoos
- 3 Thinning hair may be caused by:  
a wearing a hat b too much shampooing c genetic factors
- 4 Alopecia universalis is the loss of hair:  
a all over the body b on the crown of the head c on the chest
- 5 'Cures' for baldness have included:  
a cowpats b electric shock treatments c hanging upside down

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/Hint of a Tint, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW



Created by David S. J. Robertson



**Ceuta Healthcare,**  
**Tel: 01202 780558**

June sees the launch of the new Wild Rose Facial Care range from Weleda.

The eight products offer an intensive skincare programme and have already won praise from the European fashion magazine *Annabelle*, winning first prize in the popular facial care category, beating many well-known beauty brands.

The products contain oil of *Rosa mosqueta* (musk rose) and the range comprises facial oil, cleansing lotion, toner, moisture cream, day cream, night cream, intensive eye cream and intensive facial masque.

**Weleda (UK) Ltd,**  
**Tel: 0115 944 8200.**



New from Nivea Body is Aroma  
Spritz in three fragrances.

Aroma Spritz (£5.99) is a luxurious body spray formulated to hydrate and care for the skin, while stimulating the senses.

The Calming, Energising and Refreshing variants combine essences of fruit and flowers with active moisturisers such as glycerin. The jewel colours are

seen through trendy clear spray bottles with colour coded caps.

The Calming variant in amethyst purple, contains iris and hamamelis; green Energising has lime and aloe vera and the blue Refreshing fragrance contains mint and sea minerals.

**Beiersdorf UK Ltd,**  
**Tel: 0121 329 8800.**



EX1 Cosmetics has had such a big response to its foundations and powders for Asian and exotic skins that it has had to rethink its launch plans.

The first range of products was launched in December 2002 and interest outstripped expectations by 200 per cent. Initial plans were to roll out the products in the UK region by region, starting in London, but a nationwide rollout is now planned as take-up has come from across the UK along with inquiries from the Americas, Europe and the Gulf.

Production has been brought forward to meet orders ready for the consumer launch in June.

**EX1 Cosmetics. Tel: 020 7373 0562.**



Nail specialist Elegant Touch has launched a range of Nail Implements to help create and maintain beautiful nails.

The launch comes alongside repackaging for the whole range into new slimline packs with a contemporary striped design bearing the Elegant Touch logo and purple colour.

The new products are Easy Reach Scissors (£3.99), especially useful for the elderly and those with restricted mobility, Nurses Scissors (£3.99) for first aid and medical use at home, Hairdressing Scissors (£4.99) to cut all sorts of styles from blunt and choppy to smooth and blended; Left Handed Scissors (£1.99); Gold Eyelash Curler (£3.49) with a silicone pad to protect lashes; Cuticle Nipper (£3.99); Cosmetic Set (£0.99) with cosmetic buds, facial pads and cotton wool balls.

**Original Additions,  
Tel: 020 8573 9907.**



**So many products, so little space, so here's a round-up of some of the best!**

## Clinique's weekend

Clinique is launching its Summer Weekend 2003 collection with built-in SPF15 suncare. Superbalm Tinted Lip Treatment is in three shades; City Block Sheer Shimmer and City Block Sheer Tint Daily Face Protectors each come in two shades and there are four new shades of Moisture Sheer Lipstick. Clinique is also launching new Lash Curling Mascara in two shades.

**Clinique Laboratories Ltd,**  
**Tel: 01730 232566.**

## Sweet Temptation

Collection 2000's Sweet Temptation summer collection offers new Eye Sparkles in six shades; Lip Ice in four ice cream flavours; two new shades of Plumping Lip Gloss and three new Nail Polish colours.

Also new from the company is Bronzed Beauty from Collection 2000, with tinted moisturiser, face and body bronzer, shimmering glow powder and plumping lip gloss in shades of gold and bronze.

**Collection 2000 Ltd,  
Tel: 01695 727317.**

## Tanning with Cyclax

New from Cyclax are a Self Tan Lotion and Spray (250ml, £5.99 each) with vitamin E, aloe vera and panthenol. Applied to exfoliated skin, the self-tan appears in three hours.

**Richards & Appleby Ltd,**  
**Tel: 01685 843384.**



# Iron failings

Health writer **Sarah Purcell**, who experienced anaemia in all three of her pregnancies, takes a look at how women can try to avoid this common problem

Feeling tired and out of breath are common symptoms in any pregnancy, but sometimes there's a potentially more serious underlying cause. If left untreated, anaemia in pregnancy may be linked with a greater risk of a low birthweight baby, as well as making for an exhausted mother, so a low iron level should always be taken seriously.

"The red blood cells are responsible for transporting oxygen to the baby as well as the mother, and if you're anaemic this will undermine your immune response as well as your general health," explains midwife Sue Jacob at the Royal College of Midwives.

## What is anaemia?

Anaemia occurs when there's a reduction in the level of haemoglobin, the red oxygen-carrying pigment in the blood. This happens when there's a deficiency in levels of iron. Haemoglobin carries oxygen from the lungs to the cells around our body and if these cells are deprived of oxygen the symptoms of anaemia occur.

Women are generally more at risk of anaemia because of blood loss in menstruation. In pregnancy, the foetus drains the mother's iron store in order to build up its own, so if the mother doesn't consume enough iron to meet this extra demand she becomes anaemic.

Iron levels are checked in pregnancy with blood tests at the end of the first trimester (around 12-14 weeks) and the start of the third trimester (around 28 weeks). The most common time for a low level of haemoglobin to occur is at the start of the third trimester, as the baby builds up most of its own iron store during the second trimester.

## Who's at risk?

All pregnant women are potentially at risk of anaemia, especially if their diet before conception is low in iron.

Fiona Ford, dietician at the Centre for Pregnancy Nutrition, Sheffield University, explains: "Around two-thirds of women in the UK don't consume enough iron and you're more likely to develop anaemia in pregnancy if ►

## Good sources of iron

- Red meat is a rich source of iron, in a form which is easily absorbed by the body.
- Sardines and pilchards.
- Red kidney beans, baked beans and lentils.
- Fortified breakfast cereals, such as bran flakes, and dried fruits including apricots and raisins.
- Good plant sources include broccoli and spinach, but this form of iron is less easily absorbed than animal sources – eating foods rich in vitamin C at the same time aids absorption.
- Although liver contains a high level of iron it should not be eaten in pregnancy because it also contains large amounts of vitamin A, which has been linked with birth defects.

Test your knowledge  
Sponsored by

**Elastoplast**

see page 30



your levels are low to start with. Vegetarians are particularly at risk if they don't replace animal sources of iron. Younger mums may be more at risk as their diet tends to be poorer, and women who normally have heavy periods are also more likely to become anaemic."

Closely spaced pregnancies – less than 18 months apart – also put the mother at greater risk of anaemia as the body hasn't had time to build up a good iron store again. And if the mum is pregnant with twins or more the drain on her own iron store is further increased. Mums who suffer excessive sickness in pregnancy are also more likely to become anaemic.

### Symptoms of anaemia

The most common sign of anaemia is tiredness and lack of energy, but it can also cause headaches, breathlessness, brittle nails and, in severe cases, chest pain.

"Your body has to work twice as hard in pregnancy, and being anaemic will put even more strain on it," says Ms Jacob. "It can also affect your mood, perhaps making you feel depressed



day is usually prescribed for those who need it, most likely in the form of ferrous sulphate. This is the cheapest supplement, but it can cause side effects of constipation and nausea and anyone who suffers these problems should be advised to return to their GP who can prescribe an alternative.

An overdose of iron tablets is very dangerous, so remind women to keep them out of the reach of children.

"Whether you need to take iron tablets can depend on the stage of pregnancy at which anaemia is discovered," says Ms Jacob. "If it's early on then you could treat it by eating more iron-rich foods such as red meat and fortified breakfast cereals. If this isn't enough you could then try one of the natural iron supplements available. But if it's not discovered until later on and needs to be treated quickly, then taking iron tablets is the best way of building up iron levels."

To aid iron absorption by the body, mums should be advised to take vitamin C – a glass of orange juice with the tablets is ideal – and to avoid drinking tea for at least an hour after taking tablets as the tannin in tea interferes with absorption of iron.

### Pre-conceptual nutrition

- Folic acid is the crucial vitamin for any woman trying to conceive to help protect the developing baby from spina bifida and anencephaly. Women should take a daily supplement of 400mcg folic acid until week 12 of the pregnancy. Those who have had a pregnancy affected by a neural tube defect are prescribed a higher dose.

- "If your diet wasn't good before conception a general multivitamin supplement is a good idea, but check it doesn't contain more than 100 per cent of the Recommended Daily Allowance (RDA) of any vitamin," says Ms Ford.

- During pregnancy the need for calcium increases, but you should be able to get sufficient through dietary sources such as dairy products and tofu.

- Dieting while trying to conceive isn't a good idea as you may be missing out on vital nutrients important for the healthy development of the baby.

- For more information the Sainsbury's Wellbeing Eating for Pregnancy helpline will give individual advice to women. Tel: 0845-1303646.

### Treating minor pregnancy ailments in the pharmacy

Sickness: travel bands help some women. These work by pressing onto the acupressure points on the wrists. Ginger can also be useful, as can lemony ▶

Iron tablets are no longer  
**routinely**  
prescribed to pregnant women

and lethargic. You might also find that minor ailments of pregnancy such as oedema and sickness are more pronounced too if you're anaemic."

### What is a low iron level?

A normal blood/haemoglobin concentration is around 11.5 to 16g/ml for women. In pregnancy iron supplements are usually prescribed for levels below 11g and certainly for less than 10.5g/ml of blood. Women prescribed iron tablets will normally have a repeat blood test to check that levels of haemoglobin have increased.

### How is it treated?

Iron tablets used to be routinely prescribed to all pregnant women, but this no longer happens because very high iron levels can be harmful to the developing baby and experts doubt the usefulness of routine prescribing for women who don't need extra iron.

An iron supplement of 30-60mg per





# Guide to a Healthy Pregnancy Before During After

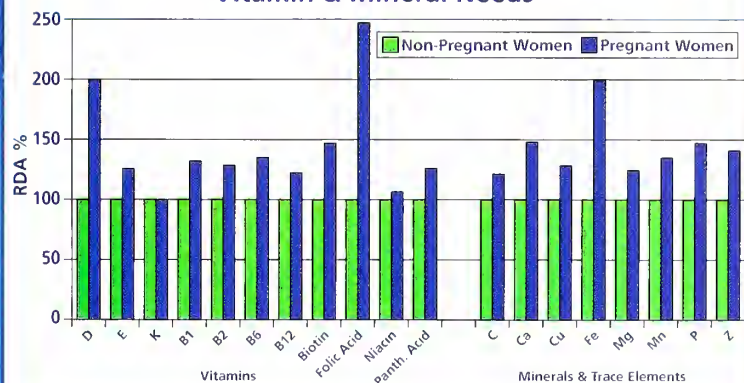
When a woman becomes pregnant, one of her greatest concerns is that her baby is healthy.

One of the most important environmental factors influencing the course and outcome of a pregnancy is the mother's nutritional status. In particular, her intake of vitamins, minerals and trace elements is critical. During pregnancy and nursing, a woman's micro-nutrient requirements increase considerably (up to 185%). On the other hand, she only needs

15% more calories. In many countries, surveys have shown that women often have alarmingly low intakes of vitamins and minerals. Many also smoke, diet or use oral contraceptives, making their micro-nutrient status even worse.

Most women do not know they are pregnant until several weeks after conception. This means that pregnancies often begin in a state of micro-nutrient deficiency, with an increased risk of negative consequences.

**Dietary Requirements During Pregnancy  
Vitamin & Mineral Needs**



Adapted from NHMRC, RDI's for use in Australia, 2000<sup>2</sup>

## Pregnancy is a Nutritionally Demanding Period in a Woman's Life

Pregnant women need the same balanced healthy diet as before, however research<sup>1</sup> indicates that women who are pregnant require higher levels of vitamins and minerals than women who are not. The chart below shows the different levels required by pregnant and non-pregnant women.

### Facts About Folic Acid

Folic acid plays a crucial role in the healthy development of the baby's brain and spinal cord. It also helps produce healthy red blood cells. It is now thought so important that the Department of Health advises women planning pregnancy to take an additional folic acid supplement and use fortified foods. 400 micrograms (400mcg) is the recommended daily intake when planning and during pregnancy.

### Recommendation

Pregnant mothers will often visit pharmacies. Pharmacists and pharmacy staff are able to advise women who are planning to become pregnant to boost their folic acid intake with supplements. Sanatogen<sup>®</sup> ProNatal is available without a prescription.

### About Sanatogen<sup>®</sup> ProNatal

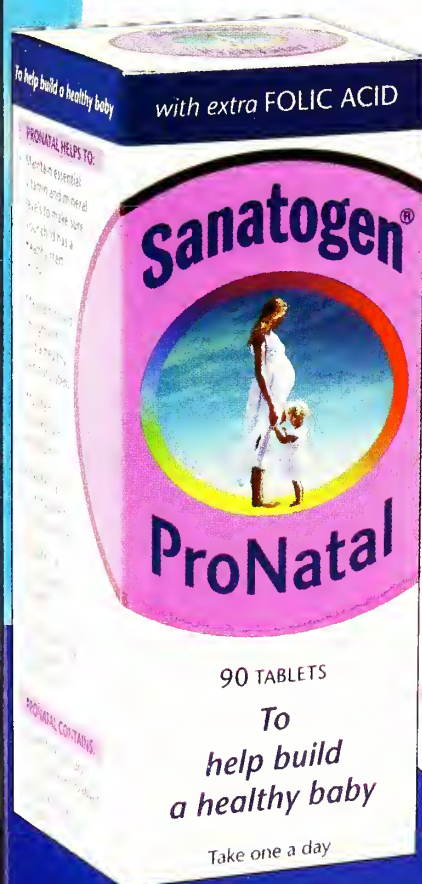
Sanatogen<sup>®</sup> ProNatal is a one-a-day tablet developed for the increased nutritional needs of women before, during and after pregnancy and contains Folic Acid, Vitamin B12 and other essential vitamins and minerals to make sure your child has a healthy start in life.

*Sanatogen<sup>®</sup> ProNatal is free from yeast, gluten and lactose. It contains no artificial colours, flavours, preservatives and are available in packs of 30s and 90s easy-to-take tablets.*

## Introducing the new Sanatogen<sup>®</sup> ProNatal pack sizes...

30s, as a trial  
size to attract  
new users

90s, as a  
loyalty pack



Sanatogen and Sanatogen ProNatal are registered trademarks  
References: 1. For recommended vitamin and mineral intake in pregnancy and lactation see:-  
Institute of Medicine, Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Chromium, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc. National Academy Press Washington 2001.  
Institute of Medicine, Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium and Carotenoids. National Academy Press Washington 2000.  
Institute of Medicine, Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin and Choline.  
Institute of Medicine, Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D and Fluoride. National Academy Press Washington 1997.  
2. National Health and Medical Research Council. Recommended Dietary intakes for use in Australia.



## Win a bottle of champagne with Over The Counter and Elastoplast

Check out what you have learned in our pregnancy feature and you could win a bottle of champagne. Just tick or circle the correct answers to the questions below, fill in your details and send off the form. The first correct entry out of the hat on June 30 will be the winner.

**1 Anaemia in the mother may be linked with:**

- a** bigger babies **b** low birthweight babies  
**c** conditions such as spina bifida

**2 The function of haemoglobin is to:**

- a** carry oxygen to the body's cells **b** assist in blood clotting **c** carry carbon dioxide away from the cells

**3 In which trimester of pregnancy does the baby build most of its iron stores**

- a** first **b** second **c** third

**4 How many women in the UK are believed not to consume enough iron:**

- a** one third **b** two thirds **c** three quarters

**5 Tiredness is the most common sign of anaemia, but others include:**

- a** headaches **b** breathlessness **c** brittle nails

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/Elastoplast, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

foods and drinks. Eating little and often is better than three large meals.

**Headaches:** these are common, especially during the first trimester when hormones are running haywire. Paracetamol is the only painkiller that doctors and midwives will recommend in pregnancy. Migraine sufferers should see their GP as their usual remedies aren't safe in pregnancy.

**Heartburn:** try simple remedies first, such as drinking a glass of milk or peppermint tea after a meal.

Antacids containing aluminium and magnesium are safe for occasional use – women with high blood pressure should be given a remedy low in sodium. Avoid remedies containing famotidine, domperidone and cimetidine.

**Hayfever:** antihistamines are not licensed for use in pregnancy, so it's important for sufferers to see their GP before taking their usual remedy as some can raise blood pressure.

**Constipation:** this is common in pregnancy because food spends longer in the gut so the baby can absorb more of the nutrients, and iron tablets can worsen the problem. Laxatives are best avoided as you want to ensure the baby gets enough nutrients from food.

Instead, recommend women increase their fibre intake – fibre drinks are safe to use.

**Thrush:** although anti-fungal pessaries and creams can be safely used in pregnancy, women will need to see their GP first to make sure they don't have a more serious infection that could affect the baby. Oral thrush remedies must be avoided.

**Haemorrhoids:** over 50 per cent of pregnant women suffer with piles at some point during their pregnancy. They're common at this time because the enlarging uterus presses on the pelvic blood vessels causing them to swell. Suppositories and creams are safe to use in pregnancy. Also, recommend women increase their fibre and fluid intake as constipation can cause the problem.

**Coughs and colds:** the decongestant ingredient ephedrine should be avoided in pregnancy as it can raise blood pressure. Instead, recommend a vapour rub or steam inhalation with a few drops of menthol or eucalyptus oil. For coughs a simple linctus syrup is best – medicines that contain codeine or dextromethorphan should be avoided. ©



# Pregnancy products.



## Reducing the scars

Elastoplast Scar Reduction patches are clinically proven to reduce permanently the visibility of coloured and raised scars. The patches increase the temperature level in the scar tissue, increasing enzyme activity and stimulating the metabolic process, which restructures the scar.

Betersdorf UK Ltd,  
Tel: 0121 329 8800.



## Cream of the crop from Vitabiotics

Vitabiotics is extending its Pregnacare brand with new Pregnacare Cream, a moisturising and soothing treatment to help protect stretching skin.

Formulated with vitamins C and E and botanical extracts including

calendula and evening primrose oil, Pregnacare Cream provides essential ingredients to moisturise, nourish and heal stretching skin. It can also be used after the birth to help keep contracting skin supple.

**Vitabiotics,**  
Tel: 020 8902 4455.



## Anusol tackles embarrassment

A new booklet from haemorrhoid brand Anusol takes a detailed look at some of those less than sexy pregnancy problems. *Pregnancy – The Embarrassment Factor*, written by midwife Denise Tiran, answers the questions many pregnant women may be too embarrassed to ask.

**Pfizer Consumer Healthcare,**  
Tel: 02380 628 274.





# Travellers' tales

In spite of war, threats of terrorism and the SARS virus people are still booking summer holidays, though some may decide to spend their break nearer home than usual. **Jeremy Clitherow** MBE, FRPharmS, looks at how you can help four typical types of traveller

Customer care is all about 'going that extra mile'. Looking after your customer doesn't always have to equate to bigger discounts and slashed prices – often it costs you nothing apart from a little

strategic planning.

That 'extra mile' could be simply photocopying the customer's last prescription and suggesting that they keep it in their passport case – can you imagine the difficulties explaining away all the medication in your washbag to a non-English speaking immigration officer, or trying to buy a replacement supply of those vital tablets you left at home when you are in a distant country?

How about drafting a holiday checklist – on the firm's letterhead, of course – to go in each suitcase? Make it in the form of a table with a column for ticking off each item as it goes into the case. These simple suggestions cost the business nothing, but represent invaluable service!

Now for our individual holidaymakers:

## The pioneer

This customer is off to distant parts in search of adventure and white knuckle experiences and is quite prepared to sleep rough in the outback. He is likely to be fit and health-conscious and will welcome your checklist and tailored advice.

A first aid kit has to be at the top of the list for our pioneer. If you ask the basic closed question: "Do you have a first aid kit?" he is bound to say: "Yes, thanks!" What you really should ask is: "Does your first kit contain...?" and go into detail. Off-the-shelf kits rarely contain emergency dental repair items, rehydration tablets, or a spare lighter to start his campfire (check airline regulations for what you can take onboard).

Similarly, ask about his drinking water purifying tablets and which type of anti-mosquito product he has chosen – the best are formulations containing di-ethyltoluamide or di-methyl Phthallate (DEET or DMP). Big plasters are needed for big blisters – little dressings won't do! Suggest DIY ones using Melolin and tape or Mepore. Non steroidal anti-inflammatory tablets work wonders for tired aching muscles and strained joints, but they can't be used by asthmatics.

Malaria prevention is essential in many areas. The pioneer should check out first the advice for his or her destination and take the right medication, starting before the trip and continuing after, just as it says on the leaflet in the pack.

## Draft a holiday **checklist**

to go in each suitcase

Diarrhoea is best treated with rehydration sachets and loperamide as required. Prevention is better than cure, particularly as most travellers' diarrhoea is the result of swallowing contaminated food, drink or the water they swim in!

Another useful addition is a small knife, fork and spoon set. With regards to food, the moral is twofold; if you can't peel it or boil it, don't eat it, and only use your own eating irons.

For remote spots where medical attention is uncertain and medical supplies scarce, it may be worth investing in a kit containing dressings, disposable syringes etc, so if travellers run into real trouble they can lessen the risk of serious infection. ►





# On holiday, **common sense**

is frequently left  
at home



## The sunworshipper

Travel agents refer to these customers as the 'fly and flop' brigade. On the first day, as soon as breakfast is over, they are out there in the blazing sun on the beach or beside the pool. Every so often they retire to the bar for another long, soothing drink, and at lunchtime delight in the cuisine of the beach barbecue. Once lunch is over, it is back to the sun lounger.

It reads like a certain prescription for prematurely aged skin, wrinkles and possibly much worse. We all know that intense blasts of sun are bad for us, but on holiday, commonsense is frequently left at home.

The advice has to be, all things in moderation. That applies to the intensity, duration and frequency of the exposure to the sun. In other words, keep out of the midday sun and use the appropriate protection (see *OTC, March 29, p32 for more sun-care advice*).

Sunstroke is dangerous – it can cause severe

dehydration and collapse – but it can be avoided by careful, planned exposure and appropriate clothing (including wide brimmed hats).

Continuing with the preventative advice, rehydration is crucial. That means internal and external rehydration – not just emollients on the skin, vital as they are, but also copious drinks of water (boiled or bottled – and bought with intact seals). Avoid ice cubes –

unscrupulous barkeepers may refill the icemaker, or even empty bottled water containers, from the tap.

Beach bar cuisine may taste and smell delicious, but take a closer look to see how clean it is and how the food is prepared before ordering.

The fly and flop brigade don't exercise much, but may welcome advice on keeping the weight gain down. The idea of planned, gentle exercise may be quite acceptable. You could suggest a two-mile walk each day, split say into one mile in the early morning before breakfast "to set you up for the day ahead" and the other late in the evening "to relax you before bed".

## The clubber

This can be the twentysomething, or the newly liberated fortysomething, of either gender. The common factors are party all night, sleep all day, and of course the four Ss; sun, sand, sangria and sex.

This traveller is determined to have a good time and expects and accepts some penalties in the form of hangovers and upset stomachs. Let's just hope they are all reversible. A diet of lager and exotic cocktails followed by a kebab and a vindaloo night after night would challenge anyone's constitution and will produce the inevitable outcome.

Most diarrhoeas are self-limiting, but it's a good idea to take rehydration sachets to help recovery. If these are not available and vomiting is a problem, a good DIY formula, for adults only, is two teaspoonsful of sugar, one pinch of table salt, made up to a tumblerful (250ml) with freshly boiled, or bottled, water. The sufferer should sip this mixture every five minutes, even if it comes back.

Too much alcohol also makes people fall over. They fall off their high-heeled shoes, they fall off stages, off the pavements and over tables, so some antiseptic cream and plasters will help patch up minor problems.

An all too common practice in many clubs these days is spiking other peoples' drinks. Responsible proprietors are alert to this and warn their clients, but no one can be too careful. If you are lucky it could just be a double measure of spirits, but it could be a date rape drug, and the consequences much worse than losing your cash, watch, and mobile and waking up with a bad hangover.

Sexually transmitted diseases are on the increase everywhere. Some are curable, others, such as HIV, are not. It makes sense to advise on barrier contraception, even if the traveller is already on the Pill. Let us not forget another incurable infection – herpes. The simplex form is easily passed on by contact with a cold sore, and can be controlled with medication, but the genital form is another story altogether.

Clubbers' fatigue can be resolved by rest, dehydration by drinking plenty of water (pure!), headaches by paracetamol or a branded hangover remedy and uncomplicated diarrhoea by rehydration and loperamide.

However, the temptation to sleep it off on the beach

## Test your knowledge

Sponsored by

**Kwells**

See page 32

## Counselling tips

- Safe sun – the three Ss; Slip on a shirt, Slap on a hat, Slop on the sunscreen.
- Safer sex – always use barrier contraceptives.
- Avoid animals abroad – their scratches as well as their bites can transmit rabies.
- Discuss travel plans early with the GP or travel clinic.
- Check that all your jabs are up to date.
- NB Malaria – check out all areas of intended travel, including stopovers.
- Travel insurance – don't cut the cover; read the fine print.
- Dehydration and heatstroke are killers.
- If you can't peel it or boil it, don't eat it.
- Check the seals on the bottled water.



can often lead to dreadful sunburn. The reveller goes fast asleep on the sand, probably under an umbrella, and is totally immobile and unconscious. The sun moves round and there is the potential for massive sunburn, so advise anyone at risk to follow the safe sun code.

## The sophisticate

This is the culture vulture. He or she – and often a couple – will be keen to explore all the ruins, museums and art galleries and soak up the culture.

They are likely to be veteran walkers with rucksacks, maps, compasses, bottles of water and all the trappings. Feet are always at risk on this type of holiday and even the best fitting boots can cause blisters and soreness, especially if dust, sand or grit work their way in, so make sure they have plenty of hydrocolloid dressings and a topical analgesic for those tired and aching muscles.

Obvious advice is to include adequate head and neck protection from the sun. Walking around all day bareheaded is asking for trouble, even if the sky is overcast.

In the worst case scenario, the body cooling mechanism becomes overloaded and is unable to keep the blood temperature down. The victim suddenly feels nauseous, dizziness and desperately hot. This is heatstroke. It is a medical emergency and one which requires urgent action. First of all, the patient must be removed from the sun and cooled down as rapidly as possible. Cold sponging and the draught from an electric fan are best. Failing that, use wet sheets and flap towels over them.

The culture vulture may also be adventurous when trying the local cuisine and this can be quite dangerous. Travellers

are often offered local dishes to try as a part of the area's hospitality. Let us just say that not all kitchens are as clean as our own at home. Even if you are eating out on holiday in the UK, ideal standards of preparation and storage may not apply – we've all seen those horror shows on TV, haven't we? It can be difficult to refuse well-meant offerings without giving offence, but would

you prefer three days of the holiday spent looking at the back of the loo door – or a few ruffled feathers? It is as well to remember that Hepatitis A can be spread in this way too.

Many holidaymakers look forward to their time away from home, but dread the journey there and back. If travel sickness is a problem, you can recommend from a range of products to suit various members of the family from tablets and pastilles to acupressure bands, but remember to warn that some of these products can cause drowsiness. ©



**Culture vultures would be well advised to keep their heads covered, even when it is overcast**

# Travel products

## Chew away travel sickness

New TRAVELeeze Soft & Chewy Pastilles, from the makers of Bassett's Soft & Chewy Vitamins, are strawberry flavoured pastilles which tackle travel sickness without the need for water. The P status pastilles contain 12.5mg meclozine hydrochloride and are formulated to give relief for up to 24 hours. They also contain ginger, the herbal remedy traditionally used to treat nausea. TRAVELeeze (pack of 10, £2.29) can be taken the evening before travelling or when the feeling of sickness begins.

**Ernest Jackson & Co Ltd,  
Tel: 01363 636100.**



## Family feeling from Benadryl



Pfizer's allergy brand Benadryl includes Allergy Relief capsules, Benadryl Plus, with added decongestant; One A Day Relief in packs of seven or 14 (as One A Day); Allergy Solution, suitable for children from two years; and Skin Allergy Relief Cream and Lotion for bites, stings, sunburn and other skin irritations. The

Benadryl Pollen Count – [www.allergyadvice.co.uk](http://www.allergyadvice.co.uk) – gives accurate information about forthcoming pollen levels in each area.

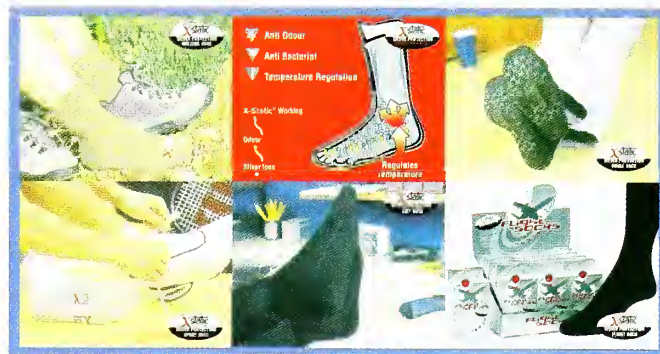
**Pfizer Consumer Healthcare, Tel: 023 8064 1400.**

## Samuel Eden

Station Road, Sutton-in-Ashfield,  
Notts NG17 5FQ

## Son Ltd

### X-Static® silver protection socks



**X-Static** is permanent and performance does not diminish over time.

Silver is one of the safest substances and **X-Static** is made with pure silver, a naturally occurring element. There are no chemicals and no fear of toxicity for the consumer.

**X-Static** eliminates 99.9% of bacteria in less than one hour of exposure. Most antimicrobial products test over 48 hours and still do not reach this level of effectiveness.

The hotter and wetter the environment, the more effective **X-Static** becomes. This is perfect, because bacteria are more prevalent in this environment.

Wearing compression hosiery can help prevent the risk of circulatory problems including Deep Vein Thrombosis. There is significant reduction of swelling and relief from tired legs.

**Tel 01623 446400**

[www.socksonline.co.uk](http://www.socksonline.co.uk)

**Fax 01623 446500**

**E-mail [sales@samueleden.co.uk](mailto:sales@samueleden.co.uk)**

### Basic first aid kit

- Antiseptic cream and/or lotion
- Plasters
- Oral and topical analgesics
- Crepe and gauze bandages
- Oral rehydration sachets
- A pair of tweezers
- A list of a regular prescription medication for all members of the party
- A spare copy of your holiday insurance document with contact numbers



# Travel products.

## Test your knowledge

### Win a bottle of champagne with Over The Counter and

Check out what you have learned



in our holiday health feature and you could win a bottle of champagne. Just tick or circle the correct answers to the questions below, fill in your details and send off the form. The first correct entry out of the hat on June 30 will be the winner.

**1** An attack of diarrhoea may be self-limiting, but if you're likely to suffer in remote destinations it's a good idea to have:

- a** rehydration sachets **b** loperamide  
**c** aspirin

**2** After a day in the sun it's important to:

- a** take plenty of spirits **b** rehydrate with long drinks **c** apply plenty of aftersun to the skin

**3** If the traveller wakes up with a hangover, they should try

- a** the hair of the dog **b** a couple of hours in the sun **c** paracetamol or a branded hangover cure

**4** When walking for long periods you should cover the head and neck:

- a** when the sun is at its height  
**b** if you begin to feel hot  
**c** all the time, even if the sky is overcast

**5** Suggest to your customers that they:

- a** take a photocopy of their latest prescription  
**b** a checklist to check off items as they are packed  
**c** a spare copy of their insurance documents

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/Kwells, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW



### Sea-Band puts the pressure on

Sea-Band is a natural travel sickness remedy which will not make users feel drowsy.

The elasticated wristbands work on the principle of acupressure, exerting a constant gentle pressure on the acupressure point in the wrist which controls nausea.

Sea-Band, which has new blue packaging for adults and yellow for children, retails at £7.99.

**Sea-Band, Tel: 01455 639750.**

### Fresh look for Kwells

Kwells and Kwells Kids have both been rebranded with a new look.

Even a changing new packaging has a noticeable effect on a product's modern look.

Kwells is suitable for adults and children over 10 years old. Junior Kwells, which is suitable for

children aged 4-10 years old, is being rebranded. Kwells Kids and will be available from October. Each product is available in a pack of 12, retailing at £2.25.

**Roche Consumer Health,  
Tel: 01707 366000.**



### Acriflex - for summer first aid

Along with summer holidays - and summers spent at home - come customers with barbecue burns and sunburn blisters.

Acriflex Burn Cream from Thornton & Ross contains the antiseptic chlorhexidine and is suitable for the treatment of minor burns, scalds, sunburn blisters, cuts and scratches. This, says the company, makes it essential for the summer medicine chest or holiday first aid kit.

Acriflex can be used by all the family and retails at £2.45 for 30g.

**Thornton & Ross,  
Tel: 01484 848200.**



### Roche's holiday helpers

Too much sun, sea, sand, sangria and sex can result in an attack of cystitis. Roche Consumer Health says it's a good idea to pack an OTC cystitis remedy such as Cystopurin (six sachets, £4.35), which contains natural cranberry juice.

Also from Roche, Feminax (20 caplets, £3.09) is designed to help relieve the pains and cramps associated with periods and stop them from cramping a holidaymaker's style.

**Roche Consumer Health,  
Tel: 01707 366000.**



### Rennie's chewy answer



Indigestion brand Rennie says its new Soft Chews are ideal for holiday indigestion which can be triggered by unfamiliar food, water and weather.

or the overindulgences of the summer holidays. The 8-pack can be slipped into a handbag, rucksack or the corner of a suitcase and, says the company, they offer fast relief from indigestion and heartburn in a tasty format.

**Roche Consumer Health, Tel: 01707 366000.**

### GSK's holiday choice

When holidaymakers are packing, GlaxoSmithKline Consumer Healthcare suggests they take a look at:

Zantac 75 for relief from heartburn and indigestion; Piriteze Allergy Tablets, a one-a-day treatment for allergies including heat rash, prickly heat, reactions to food, insect bites and stings and hayfever; Wind-eze to relieve flatulence, wind pains and bloating;



Zovirax Cold Sore Cream for cold sores which can be triggered by sun, wind and stress; Hedex Extra with paracetamol and caffeine; Lactacyd Femina Soft Cleansing Tissues to help maintain the pH balance of the vaginal area.

**GlaxoSmithKline Consumer Healthcare,  
Tel: 020 8047 2700.**

### Guard against the mozzies!

Made from a refined blend of lemon eucalyptus oils and tested by the London School of Hygiene and Tropical Medicine, Mosi-Guard Natural is effective against most biting insects and is safe for the whole family to use, including babies from three months. It is in an aerosol spray, pump spray, roll-on, stick and cream formats.

**Mosi-Guard International Ltd,  
Tel: 0113 238 7502.**





# It's digital

There are lots of reasons why we take photographs and now lots of new ways to do it. But are you ready to cope with your customers' more bizarre photographic requests? **Ailsa Colquhoun** has some advice



Just imagine what your dad would say if he opened up his father's day present on June 15 to see your grinning face staring out at him from a new pair of boxer shorts.

Photo gifts like this have long been part of the range of add-on photo processing and developing services that pharmacies can offer, and in the process have become a nice little earner. But for many amateur photographers, bad camera technique means that the apple of daddy's eye all too often turns into a red-eyed monster, and the photo (not to mention the cash) opportunity is lost.

Nowadays, photo red eye is a thing of the past, as digital photography has opened the door not only to the range of photo gifts that a pharmacy can offer, but

also the types of photo correction services. In the digital age this includes colour correction and balancing, picture cropping and zooming, adding text, converting colour files to sepia or black and white and reframing, not to mention the restoration of old photos and images, the decoration and individualisation of customers' images with text, clipart and collaging, and formatting prints into postcards and calendars.

Driven by consumer demand for print quality and speed of printing, not to mention the first generation cameras for under £100, the market for digital photography has soared in recent years and Konica estimates that 1.5 million digital cameras will be sold this year. In just five years digital cameras have become the most popular camera format, now outselling still cameras by almost two to one.



The market for **digital** photography has soared in recent years





However, the casualty along the way has been print processing. Industry experts believe that fewer than one in 10 digital users currently buy prints from their digital images and while this is expected to improve, by the end of next year the figure will only have risen to one in five.

As well as the convenience and market penetration of home PCs, and image storage on CD, part of the problem lies in consumers' perception of digital photography.

Fuji marketing development manager Darren Peake says: "A large percentage of

know they are getting perfect pictures every time, and tend to take more as a result."

With just five years under its belt, digital photography is still very much in its infancy and the future will no doubt bring smaller equipment, higher resolution and better quality.

Minilabs also tend to come with extensive training and customer support, so pharmacy staff should not be put off by a feared lack of expertise. However, for those still concerned about how labour intensive photo manipulation and restoration can be, work can always be outsourced to the experts. One new option, especially for those customers increasingly taking advantage of online ordering, is Fuji's new [www.FdiPrint.com](http://www.FdiPrint.com) service. This allows users to manipulate pictures at home and send the order to the retailer for printing.

Agfa is offering extra convenience with the Image Cube, which allows digital images to be saved to CD for processing so customers do not need to leave a digital camera card or their own disk at the pharmacy.

### Market it

Whatever level of

service your pharmacy offers, the key way to capitalise on the forthcoming holiday season is to market your offering effectively.

If you have a digital minilab, you can use this to make your own point of sale material showing the range of services you can offer, from bespoke calendars to examples of red eye removal.

Agfa goes one step further with its Agfa Business Concept (ABC) programme. This allows affiliated pharmacists to build up investment reserves, which can be used to create personalised campaigns and POS materials through the programme's poster creation artwork CD-ROM.

The most important thing, though, is to talk to customers and find out their photoprocessing needs. You just never know when – or where – they would like their images to appear!

### SUC it and see!

Tartan, Barbie, shock-resistant or waterproof – these days single use cameras (SUCs) come in all shapes and sizes.

SUCs have been the success story of recent years, especially in pharmacy, which is ideally placed to take advantage of the high impulse-driven nature of the market and its high female user base – Ferrania Information Technologies reckons over two-thirds of purchasers are women.

In Europe, 35 million single use cameras are sold each year, mostly for personal use. Around 45 per cent are bought for holidays and 19 per cent for special occasions such as parties. Where there is a risk of damage or loss, or perceived difficulties with loading film, SUCs have become a must-have and the festive season alone accounts for a quarter of sales for the year.

With such a strong female bias, it is hardly surprising that design and style have become the watchwords of SUC new product ▶

## Put **photo** goods on the 'holiday solutions' fixture

people are simply unaware of the ability to get true prints from digital. There also seems to be a common misconception amongst prospective digital camera buyers that in purchasing a digital camera you are compromising your print quality for that of regular film."

With digital labs starting at about £65,000, this is certainly a serious investment for any business, so why should pharmacies bother?

As consumers gradually buy into the digital age, Konica envisages that digital and conventional cameras will continue to be used simultaneously, at least in the short term. However, this means that consumers will seek out service providers who can satisfy all their photographic needs, from traditional 35mm D&P to output onto digital camera storage media such as CD-ROMs. The digital age still also has the 'need now' market, where consumers will pay a premium price for one-hour processing.

Although many retailers price digital print processing at the same level as still print processing – which offers a margin of around 70 per cent – it is a fact that the average digital spend is often more than double the average £5 spend on conventional D&P.

Mr Peake says: "Amateur photographers buy and use film around specific times of year – weddings, holidays and at Christmas – which allows them to fill up film and get it processed. But they may not necessarily replace the film and use it up again. Digital camera owners, however, can re-use their shot, so they

### Test your knowledge

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**AGFA**



www.agfa.co.uk

### Agfa's top sales tips

- Maximise film and SUC sales through a 'holiday solution' fixture merchandising holiday photographic products with sun creams and other holiday items.
- ISO 200 film speeds remain a pharmacy best seller, despite the trend for faster film. Offer 35mm

200speed in 24- and 36-exposures.

- Offer related products such as albums, frames and films, and cross-promote, for example, offering a free frame with every 10x8in enlargement or free film with 60-minute processing.



[www.agfa.co.uk/minilab](http://www.agfa.co.uk/minilab)



*Set it and forget it*

**You'll automatically benefit from an Agfa Minilab**

By growing your business when you diversify your pharmacy into on-site photo processing with the new easy to use MSC.d range of minilabs. Agfa's unique TFS scanning delivers superb prints at the touch of a button, leaving you free to serve your customers.

**Call now for your FREE Feasibility Survey**

**0800 169 7462**



Develop your business with **AGFA**





## Win a bottle of champagne with Over The Counter and

Check out what you have learned in our photography feature and you could win a bottle of champagne. Just tick or circle the correct answers to the questions below, fill in your details and send off the form. The first correct entry out of the hat on June 30 will be the winner.

1. How many cameras can be used as close as 0.8m.
  - a two to one b three to one
  - c five to one
2. Those who believe small is beautiful are catered for with the new Ultra Compact range. New film emulsions and new casings and models for specific functions, eg panoramics, may also feature in the next generation cameras.
  - a Fewer than one in 10 b More than one in 10 c One in seven
3. Manufacturers such as Konica and Fuji believe the future for SUCs lies in themed cameras and Fuji, for one, is concentrating efforts on special event packs, for example for weddings, as a way of attracting more users and stimulating impulse purchase.
  - a £3.00 b £5.00 c £8.00
4. Fuji is also seeing the emergence of the youth category, and in the USA has devised a range of in-store display options that allow SUCs to be displayed in teen-orientated departments. Seeing
  - a men b women c equal numbers of men and women
5. The easy use, low cost positioning of the cameras as perfect for kids, it is promoting its products in teen magazines using the tagline: "Use it and trade it in like an old boyfriend."
  - a the holiday fixture b the cosmetics fixture c the male grooming fixture

Name \_\_\_\_\_  
 Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/Agfa, Sovereign House, Sovereign Way, Tonbridge, Kent TN11 1RW



development, targeting both 'badge conscious' consumers and pleasure seekers looking for a camera to suit their style and mood.

Kodak research shows that single use cameras tend to be used closer to the subject than the minimum recommended distance and the company's new generation of 'High Definition' single use cameras can be used as close as 0.8m. Those who believe small is beautiful are catered for with the new Ultra Compact range. New film emulsions and new casings and models for specific functions, eg panoramics, may also feature in the next generation cameras.

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the easy use, low cost positioning of the cameras as perfect for kids, it is promoting its products in teen magazines using the tagline: "Use it and trade it in like an old boyfriend."

To get customers into your shop, window displays will be key and once inside Kodak advises that SUCs are prominently displayed on self-selection and secondary sitings. However, to maximise sales, retailers need consumers to bring back the camera for processing, for, as Konica says: "There is no benefit in a purchase of a film or single-use camera alone. It's not like a shampoo or a shaving cream; the value is realised when the film is processed. The retailer who 'owns' the entire process, from purchase through development, is the one who profits the most, in the short term and in building a long term relationship with that customer," says Konica's USA national sales manager for private label, Keith Gross, who advises that language such as 'return to (your pharmacy's name) for quality processing' is a convenient way to remind customers about your developing service.©

## Photography products



### Agfa orders by Cube

New from Agfa, the magnumcube is a new order station for those wanting prints from digital media.

The Cube allows pharmacy staff to take digital files from a variety of sources and save them easily to an archive CD. Images can then be sent to the lab for re-development without the need to hold on to the customer's disk or digital camera card.

Agfa says customers find the order station easy to use, allowing them to place orders from digital files easily and conveniently.

The cube reads all commonly used card formats - CompactFlash, SmartMedia, MultiMedia Card (MMC), Memory Stick, Secure Digital Card (SD Card).

Agfa-Gevaert Ltd, Tel: 0845 6014562.

### Get in the Groove with Swains

The Groove - the latest addition to the SiPix StyleCam digital camera range - is available from Swains.

A 1.3 Mega Pixel camera, the Groove (£49.99) offers Advanced Living Image Via Enhancement (ALIVE) technology, which analyses each image taken and

downloaded to a PC. After analysis, it corrects common problems such as colour saturation and

sharpness. It can store up to 155 images and can take video clips, with audio, of up to 55 seconds. Software provided allows resolution to be increased to produce standard size photo quality prints.

Swains International plc,  
Tel: 0845 4504242.



### Swains offers new Casio Exilim camera



Swains International has added the Casio EX-Z3 to its digital camera portfolio.

The EX-Z3 joins Casio's Exilim range of card-sized LCD digital cameras and offers a 3x Optical zoom lens and 3.2 million pixel resolution. It can record video clips of up to 30 seconds with sound.

Other features include: A cradle design allowing the TFT screen to face the user as images are downloaded; the ability to view stored images as a slide show; picture reversal to flip images; and 21 pre-programmed settings for different times of day and weather conditions.

Swains International, Tel: 0845 4504242.

### Polaroid 125i - for speed and quality

New 125i from Polaroid is an instant film for use with Polaroid document photography systems and dedicated to passport photography. Polaroid says the quick-drying 125i is its best ever colour peel-apart instant film, offering greater contrast, whiter whites and brighter colours, ideal for scanning techniques used by authorities such as the Passport Office and DVLA. It is available packs containing 50 or 200 sheets of film.



Polaroid (UK) Ltd,  
Tel: 01582 632000.



# behind the COUNTER

What's happening to our pharmacies? Where have all our managers gone? For the past six months, life at our shop has not been easy because we haven't had a manager. Our pharmacist left and the company I work for has failed to find a replacement. At a recent training event for assistants, I was amazed to learn that several other shops in our group also have no managers. All these pharmacies, including our own, are now under the control of an area manager who is based many miles away; he communicates with us by e-mail or phone, so everything is sorted from a distance.

Of course we always have a pharmacist on the premises, but I have never worked with so many locums in my life. Most of these

are very good, but they are not the answer to our management problems. They aren't usually interested in the day to day running of the business, dealing with staff problems or getting to know customers.

The other day I arrived at our shop expecting to meet a locum with whom I had worked previously. While I was waiting, a total stranger approached me and said that he was our pharmacist. I had never seen him before, so I asked for some ID and he showed me his credit card! I asked him if he had any ID to prove that he was our pharmacist. He said no, so said he would have to wait until the other staff arrived as I was not taking a complete stranger into an empty building on my own – he was not pleased! Luckily, one of our other assistants turned up and recognised him from a previous visit, so his embarrassment was shortlived.

A lot of extra pressure and stress has been put on staff since our manager left. We have all been given extra responsibilities – with no extra money and no extra time to carry out these tasks – and this has led to low morale. I have also become aware of the fact

Extra **pressure**  
and **stress**  
has been put on staff  
since our manager left

that customers are feeling dissatisfied and despondent as a result of all the changes in faces and routine. They have no opportunity to build up a relationship and trust with a pharmacist, which is especially important for the elderly and customers who make regular visits to us. Every ship needs a captain, so why don't pharmacists want to be managers? Are they afraid of a challenge? Do they lack commitment? Do they find pharmacy so boring that they have to keep moving around, or are companies simply not paying them enough to undertake a very demanding job?

Verity



**FREEBIE**

Protect yourself this summer with Delph

It is estimated that 80 per cent of skin cancers are preventable and by adopting a sensible approach we can dramatically reduce the predicted '30,000 extra cases of skin cancer each year'

This is where Delph Sun Care is trying to make a difference by offering quality, affordable suncare and education as to the dangers of solar radiation. A *Which?* report<sup>1</sup> confirmed the Delph Sun Care range as one of the most cost-effective, fully independently tested and proven

brands in the market.

Delph also initiated a campaign to remove VAT from sunscreens by reclassifying them as health requirements rather than cosmetics.

Delph Sun Creams have undergone rigorous laboratory tests (not on animals) to prove their safety and efficacy to medical standards. The top four factors can be prescribed to those with a medical hypersensitivity to solar radiation.

If you would like to try Delph for yourself, we have 20 packs to give

away, each comprising a 200ml bottle of SPF25 waterproof sun lotion and a 300ml aftersun. Just send your name, address and the name of the pharmacy where you work to:

**Over The Counter/Delph Reader Giveaway, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW to arrive by June 30 2003.**

References

1. Report on the enquiry into the treatment, management and prevention of skin cancer (Feb 2003) All Party Parliamentary Group on Skin, London
2. Money to Burn (June 2001) *Which?* Magazine





# Flixonase<sup>®</sup>.d

**FLIXONASE ALLERGY**

**Nasal Spray**

Fluticasone propionate 0.05%

60 SPRAYS

ONCE A DAY DOSE

Relief from airborne allergy symptoms

fluticasone propionate

New Flixonase Allergy Nasal Spray, a complete all-round treatment for airborne allergy, is now yours to recommend. So now you can offer up to 24 hours' relief of itchy eyes, runny nose, sneezing, nasal congestion, sinus discomfort and that groggy headed feeling,<sup>1-6</sup> by treating the whole of the allergy response.<sup>9</sup> And all in one daily dose. What other allergy answer could you wish for?

 **anti allergy relief is now complete**

**Flixonase Allergy Nasal Spray Product Information.** **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to

ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not be used for more than 3 months continuously without consulting a doctor. **Consult a doctor before use in:** concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone

propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/ anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline

Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. Flixonase is a registered trademark of the GlaxoSmithKline group of companies. **References:** 1. Data on file, FNM30033. 2. Dolovich J et al. *Resp Med* 1990; **84**: 31-32. 3. van Bavel JP et al. *Ann Allergy Asthma Immunol* 1997; **78**: 128. 4. Gehanno P et al. *Allergy* 1997; **52**: 445-450. 5. Nathan RA et al. *Ann Allergy* 1991; **67**: 332-338. 6. Vervloet D et al. *Clin Drug Invest* 1997; **13**: 291-298. 7. Data on file, FNM40184 and 0185. 8. Ratnes PH et al. *J Fam Pract* 1998; **47**: 118-125. 9. Howarth PH. *Allergy* 2000; **62**: 6-11.